

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MBC NETWORK LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Manoela Corradi
Name of Person

MBC NETWORK LLC
Firm/Company

16850 Collins Ave. suite# 112-644
Address

Sunny Isles Florida 33160
City/State and Zip Code

mauricio@nuagelabs.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Manoela Corradi at (786) 800-8558
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: MBC NETWORK LLC

SECOND: The Florida Document number of the limited liability company is: M14000006546

THIRD: Document to be corrected is:
Articles of Organization/

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The wrong company was used as the Authorized Manager

Global Vapor Holdings LLC 12864 Biscayne Blvd #438 North Miami Beach FL

The Correct company as the Authorized Manager:

SP Capital Financial LLC, 444 Brickell Ave Suite 51 Miami Florida 33131

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

The electronic transmission of the record was defective.

Marcos Comeda
Signature of Authorized Representative

09-26-2014

Date

**Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)**

FILED
2014 OCT -2 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA