P06000149617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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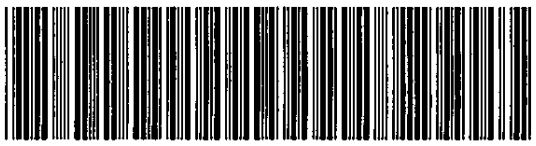

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Articles of Correction

12/18/06--01013--013 **35.00

Tlewis

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2006 DEC 18 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kling Towing & Recovery, Inc
(Name of Corporation)

DOCUMENT NUMBER: P06000749617

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paula Kling
(Name of Contact Person)

Kling Towing & Recovery
(Firm/Company)

P.O. Box 327
(Address)

Fruitland Park, FL 34731
(City/State and Zip Code)

For further information concerning this matter, please call:

Paula Kling at (352) 365-6680
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ $35.00 Filing Fee
- ☐ $43.75 Filing Fee & Certificate of Status
- ☐ $43.75 Filing Fee & Certified Copy
- ☐ $52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

Kling Towing & Recovery Inc
Name of Corporation as currently filed with the Florida Dept. of State

P06000149617
Document Number (if known)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Articles of Incorporation,
(Document Type Being Corrected)

filed with the Department of State on 12-4-06.
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

(1.) Need to add Cathryn Kling to company as treasurer.
203 E Griffin St. Fruitland Park, FL 34731

(2.) Need to add FEIN
20-5973605

Correct the inaccuracy, incorrect statement, or defect:

Paula Kling
(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Paula M. Kling
(Typed or printed name of person signing)

Director
(Title of person signing)

Filing Fee: $35.00

Federal Tax ID / EIN

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service	**Application for Employer Identification Number** (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	EIN 20-5973605 OMB No. 1545-0003

1* Legal name of entity (or individual) for whom the EIN is being requested
KLING TOWING & RECOVERY INC

2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
4a* Mailing address (room, apt., suite no. and street, or P.O. box) P O BOX 327	5a Street address (if different) (Do not enter a P.O. box)
4b* City, state, and ZIP code FRUITLAND PARK FL 34731	5b City, state, and ZIP code

6* County and state where principal business is located
County LAKE State FL

7a Name of principal officer, general partner, grantor, owner, or trustor	7b SSN, ITIN, EIN
DARRIN KLING	589-38-2876

8a* Type of entity (check only one)

- ○ Sole Proprietor (SSN) ___ ___ ___
- ○ Partnership
- ○ Corporation (enter form number to be filed) ▶ ___
- ○ Personal Service
- ○ Church or church-controlled organization
- ○ Other nonprofit organization (specify) ▶ ___
- ○ Other (specify) ▶ ___
- ○ Estate (SSN of decedent) ___ ___ ___
- ○ Plan administrator (SSN) ___ ___ ___
- ○ Trust (SSN of grantor) ___ ___ ___
- ○ National Guard
- ○ Farmers' cooperative
- ● REMIC
- ○ State/local government
- ○ Federal government/military
- ○ Indian tribal government/enterpris

Group Exemption NO. (GEN) ▶ ___

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country

9* Reason for applying (check only one)

- ○ Started new business (specify type) ▶ ___
- ○ Hired employees (Check the box and see line 12)
- ○ Compliance with IRS withholding regulations
- ○ Other (specify) ▶ ___
- ○ Banking purpose (specify purpose) ▶ ___
- ○ Changed type of organization (specify new type) ▶ ___
- ○ Purchased going business
- ○ Created a trust (specify type) ▶ ___
- ○ Created a pension plan (specify type) ▶ ___

10* Date business started or acquired (month, day, year)	11 Closing month of accounting year

12 First date wages or annuities were paid or will be paid (month, day, year) *Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶

13 Highest number of employees expected in the next twelve months **Note:** *If the applicant does not expect to have any employees during the period, enter "-0-"* ▶	Agriculture	Household	Other

14* Check box that best describes the principal activity of your business

- ○ Construction
- ○ Real estate
- ○ Rental & leasing
- ○ Manufacturing
- ○ Transportation & warehousing
- ○ Finance & insurance
- ○ Health care & social assistance
- ○ Accommodation & food service
- ○ Retail
- ○ Wholesale-agent/broker
- ○ Wholesale-other
- ○ Other (specify) ___

15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.