

P13000078671

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : LEOPOLD KORN & LEOPOLD, P.A.
Account Number : I20010000025
Phone : (305)935-3500
Fax Number : (305)935-9042

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
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COR AMND/RESTATE/CORRECT OR O/D RESIGN
ELI GOLAN CORPORATION

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (03), and Estimated Charge (\$35.00).

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REGISTRATION STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA
13 OCT -7 AM 9:45

H13 000 2216613

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ELI GOLAN CORPORATION

Name of Corporation

DOCUMENT NUMBER: P13000078671

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

Please return all correspondence concerning this matter to the following:

Melissa Sosa, RE Paralegal

Name of Contact Person

Leopold Korn, P.A.

Firm/Company

20801 Biscayne Blvd., Suite 501

Address

Aventura, FL33180

City/State and Zip Code

msosa@leopoldkorn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Sosa

Name of Contact Person

at (**786**) **899-2232**

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

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ARTICLES OF CORRECTION

For

ELI GOLAN CORPORATION

Name of Corporation as currently filed with the Florida Dept. of State

P13000078671

Document Number (if known)

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 P13000078671 (Document Type Being Corrected)

filed with the Department of State on 09/24/13 (File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Principal Address: 20533 Biscayne Blvd., Suite 4-488, Aventura, FL 33180

Mailing Address: 20533 Biscayne Blvd., Suite 4-488, Aventura, FL 33180

Officer/Director Detail: Marcelo Mroz, President

Silvia M. Stefoni Mroz, Vice President

Correct the inaccuracy, incorrect statement, or defect:

Principal Address: 19900 E Country Club Dr. Apt 220, Aventura FL 33180

Mailing Address: 19900 E Country Club Dr. Apt 220, Aventura FL 33180

Officer/Director Detail: J. Rachel Mroz, President/Secretary 19900 E Country Club Dr. Apt 220, Aventura FL 33180

[Handwritten Signature]

(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.)

Norman Leopold

(Typed or printed name of person signing)

Incorporator

(Title of person signing)

Filing Fee: \$35.00

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