P14000095300

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



700267126157

12/08/14--01004--022 **35.00

Clm 12/214

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Pavillan Scien	ALC Inc
DOCUMENT NUMBER: 11400	0095300
The enclosed Articles of Correction and fe	ee are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
Rachal Comella Name of Contact Person	EE. FLO
Pavillan Scientific	TO THE PARTY OF TH
3808 W. Santingo	St
Tanja Pl 33629 City/State and Zip Code	
r iggio 6 @ msn. Com Burful address: (to be used for future annual re	port notification)
For further information concerning this ma	atter, please call:
Rachel Contact Person	at (727) 403 256) Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	unt:
\$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
Pavillion Scientified The Name of Corporation as currently filed with the Florida Dept. of State
<u>P1400θ0 9.5300</u> Document Number (if known)
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation these Articles of Correction within 30 days of the file date of the document being corrected.
These articles of correction correct <u>Pavillion Scientific</u> , <u>Inc.</u> ,
filed with the Department of State on
Specify the inaccuracy, incorrect statement, or defect:
not be a D on the end of Scientific
Please remove the D.
Correct the inaccuracy, incorrect statement, or defect: Pavillion Scientific, Inc.
(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.)
Rachel Jone La Pression (Typed of printed name of person signing) (Typed of printed name of person signing)

Filing Fee: \$35.00