

P11000088374



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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ECLAIR CAFE, INC.

Name of Corporation

DOCUMENT NUMBER: P16000088374

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

Please return all correspondence concerning this matter to the following:

MYLENE HADDAD

Name of Contact Person

ECLAIR CAFE, INC.

Firm/Company

20201 E COUNTRY CLUB, APT 1505

Address

AVENTURA, FL 33180

City/State and Zip Code

INFO@ECLAIRCAFE.COM

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

For further information concerning this matter, please call:

IGAL HADDAD

Name of Contact Person

at (**407**) **928-8972**

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

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For

16 NOV 14 PM 12:18

ECLAIR CAFE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

P16000088374

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 P16000088374
(Document Type Being Corrected)

filed with the Department of State on NOVEMBER 01, 2016
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

FILING DATE 01/01/2017

Correct the inaccuracy, incorrect statement, or defect:

FILING DATE 11/01/2016

(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.)

MYLENE HADDAD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00