

412000042442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

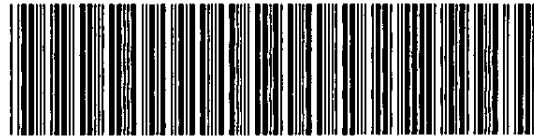
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 APR -2 AM 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
APR 03 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Surrogacy Connection Partners, LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Caterina Ruberto Kehayas

Name of Person

The Godmother Impresa, LLC

Firm/Company

5625 Strand Blvd, Suite 501

Address

Naples, FL 34110

City/State and Zip Code

cathy.rubertokehayas@gmail.com

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

For further information concerning this matter, please call:

Caterina Ruberto Kehayas

Name of Person

at (239) 963-8435

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

CR2E062 (08/05)

FILED
12 APR - 2 AM '06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
 Surrogacy Connection Partners, LLC

SECOND: The articles of organization or the application to transact business

(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 name should change from Surrogacy Connection Partners, LLC

TO:

Surrogate Connection Partners, LLC

Reason for correction was spelling error/mis-typing

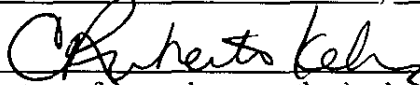
OR

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

12 APR 12 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated: March 30, 2012



Signature of a member or authorized representative of a member

Caterina Ruberto Kehayas

Typed or printed name of signee

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