

N1400000002421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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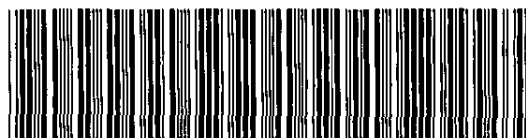
(Business Entity Name)

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ART & Corr
3/21

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Haitian American Nurses of Tampa, Inc

Name of Corporation

DOCUMENT NUMBER: N14000002421

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

Please return all correspondence concerning this matter to the following:

Shakema Doreus

Name of Contact Person

Haitian American Nurses of Tampa, Inc

Firm/Company

10115 N. Brooks St

Address

Tampa, FL 33612

City/State and Zip Code

sdoreus@gmail.com

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

For further information concerning this matter, please call:

Shakema Doreus

Name of Contact Person

at (**786**) **554-5349**

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

Haitian American Nurses of Tampa, Inc

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

N14000002421

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 **Article of incorporation**

(Document Type Being Corrected)

filed with the Department of State on **march 11, 2014**

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The organization's name is missing the word "association"

Correct the inaccuracy, incorrect statement, or defect:

Organization name should read: Haitian American Nurses Association of Tampa, Inc

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(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.)

Shakema Doreus

(Typed or printed name of person signing)

Incorporator

(Title of person signing)

Filing Fee: \$35.00