

PD3000104104

(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



400022979154

09/29/03--01102--008 \*\*52.50

FILED

03 SEP 29 AM 9:55

ALABAMA SECRETARY OF REVENUE

Act of Corp  
MAD 10/6

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: QUALIFIED LEVERAGE PROVIDERS, INC.  
(Name of Corporation)

DOCUMENT NUMBER: P03000 104104

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

Please return all correspondence concerning this matter to the following:

ANDREW STERN  
(Name of Person)

WFHC  
(Name of Firm/Company)

3467 NE 163 ST  
(Address)

NMB FL 33160  
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew Stern at (305) 940-8220  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |
|--|--|
| <input type="checkbox"/> \$35.00 Filing Fee                  | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status                            |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input checked="" type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

ARTICLES OF CORRECTION

for

QUALIFIED LEVERAGE PROVIDERS, INC

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

P03000104104

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction.

These articles of correction correct ARTICLES OF INCORPORATION

(Document Type)

filed with the Department of State on Sept. 27, 2003

(File Date of Document)

Specify the incorrect statement and reason it is incorrect or the manner in which the execution was defective:

THE NAME OF THE CORPORATION  
IS SPELLED INCORRECTLY.

Correct the incorrect statement or defective execution:

THE PROPER SPELLING IS

QUALIFIED LEVERAGE PROVIDERS, INC.

Andrew N. Stern

Signature of the Chairman or Vice Chairman of the Board of Directors, any officer, or an incorporator, if applicable.

ANDREW N. STERN

Typed or printed name of signee

~~ABC~~ INCORPORATE

Title

Filing Fee: \$35.00

FILED  
03 SEP 29 AM 9:55  
TALLAHASSEE, FLORIDA