

PO4000137619

(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



700041754547

10/20/04 01060 005 **52.50

FILED
04 OCT 20 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T BROWN OCT 27 2004

Articles of Correction
with NYC

KLAUBER & HURTIG, P.A.

ADAM KLAUBER, ESQ. • ADAM S. HURTIG, ESQ. • JOHANNA S. SHIELDS, ESQ.

8751 WEST BROWARD BLVD.
SUITE 410
PLANTATION, FL 33324
TELEPHONE (954) 424-9666
FACSIMILE (954) 424-7627

October 19, 2004

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: Articles of Correction

Dear Sir or Madam:

Enclosed please find Articles of Correction for Constellation Travel Service Limited, Inc. along with the proper fee. We are filing these Articles because the incorporator made several errors in the initial filing and this firm was retained to correct those errors.

Please note that since one of the errors was to name the wrong Registered Agent and we are correcting that error, I have included the certification and signature of the correct Registered Agent as I was instructed to do by one of your examiners.

Please contact me directly if you have any questions relating to this filing. Thank you for your cooperation.

Sincerely,

KLAUBER & HURTIG, P.A.



ADAM KLAUBER, ESQ.

Klauber & Hurtig, P.A.

8751 West Broward Boulevard, Suite 410, Plantation, Florida 33324 • Phone 954.424-9666 • Fax 954.424-7627

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CONSTELLATION TRAVEL SERVICE LIMITED, INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000137619

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

Please return all correspondence concerning this matter to the following:

ADAM KLAUBER, ESQ
(Name of Person)

KLAUBER & HURTIG, P.A.
(Name of Firm/Company)

8751 WEST BROWARD BOULEVARD #410
(Address)

PLANTATION FL 33324
(City/State and Zip Code)

For further information concerning this matter, please call:

ADAM KLAUBER at (954) 424-9666
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy

☐ \$43.75 Filing Fee & Certificate of Status

☒ \$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

CONSTELLATION TRAVEL SERVICE LIMITED, INC.
Name of Corporation as currently filed with the Florida Dept. of State

P04000137619
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 ELECTRONIC ARTICLES OF INCORPORATION
(Document Type)

filed with the Department of State on OCTOBER 5, 2004
(File Date of Document)

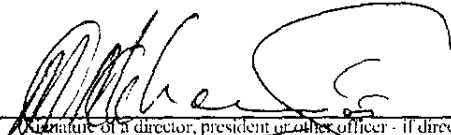
Specify the inaccuracy, incorrect statement, or defect:

PLEASE SEE ATTACHED

FILED
04 OCT 20 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Correct the inaccuracy, incorrect statement, or defect:

PLEASE SEE ATTACHED



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.

MUJTABAH MOHAMMED
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: \$35.00

Specify the inaccuracy, incorrect statement, or defect:

NAME – Constellation Travel Service Limited, Inc.

REGISTERED AGENT – H.N. Ramcharitar, Inc.
1837 South State Road 7
Fort Lauderdale, Florida 33317

INITIAL OFFICERS AND DIRECTORS

PV
Mujtabh Mohammed
137 NW 73rd Terrace
Plantation, Florida 33317

ST
Mujtabh Mohammed
137 NW 73rd Terrace
Plantation, Florida 33317

Correct the inaccuracy, incorrect statement, or defect:

NAME – Constellation Travel Service, Inc.

REGISTERED AGENT – Ashmeen Modikhan
4483-1 North State Road 7
Lauderdale Lakes, Florida 33319

INITIAL OFFICERS AND DIRECTORS

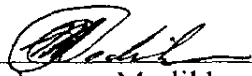
PD
Mujtabah Mohammed
4483-1 North State Road 7
Lauderdale Lakes, Florida 33319

D
Fareeda Ramsingh
4483-1 North State Road 7
Lauderdale Lakes, Florida 33319

D
Ashmeen Modikhan
4483-1 North State Road 7
Lauderdale Lakes, Florida 33319

I hereby accept the appointment as registered agent and agree to act in this capacity.

I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Ashmeen Modikhan

10/18/04

Signature of Registered Agent