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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CUISINAIR, INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000157890

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

Please return all correspondence concerning this matter to the following:

GUSTAVO LA GRAVE
(Name of Person)

CUISINAIR, INC.
(Name of Firm/Company)

7200 NW 109 COURT
(Address)

MIAMI, FL 33178
(City/State and Zip Code)

For further information concerning this matter, please call:

HEIDI DELFINO at (786) 355-7324
(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

CUISINAIR, INC.

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

704000157890

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 NOVEMBER 19, 2004
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE INITIAL OFFICER(S) OF THE CORPORATION ARE: (P) GUSTAVO
LA GRAVE, (VP) ALICIA LA GRAVE, (S) GUSTAVO LA GRAVE,
(T) FABIANA LA GRAVE, (M) ANNABELLA LA GRAVE

Correct the inaccuracy, incorrect statement, or defect:

THE INITIAL OFFICER(S) OF THE CORPORATION ARE:

(P) (VP) (S) (T) GUSTAVO LA GRAVE.

MS. ALICIA, FABIANA and ANNABELLA LA GRAVE WILL
NOT PARTICIPATE IN THE CORPORATION ANYMORE, SO
THE ONLY OFFICER WILL BE MR. GUSTAVO LA GRAVE.

(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.)

GUSTAVO LA GRAVE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00

FILED

DEC 13 AM 11:51