

PO4000159120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

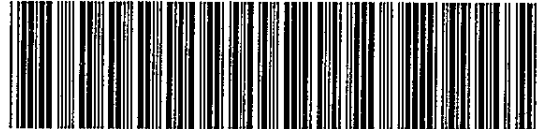
(Business Entity Name)

(Document Number)

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12/10/04

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sell Card Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000159120

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

Please return all correspondence concerning this matter to the following:

Fadi Mubarak  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

10626 Cory Lake Drive  
(Address)

Tampa FL 33647  
(City/State and Zip Code)

For further information concerning this matter, please call:

Fadi Mubarak at (\_\_\_\_\_) \_\_\_\_\_  
(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

Cell Card Inc

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

P04000159120

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 Articles of Incorporation

(Document Type)

filed with the Department of State on November 23, 2004

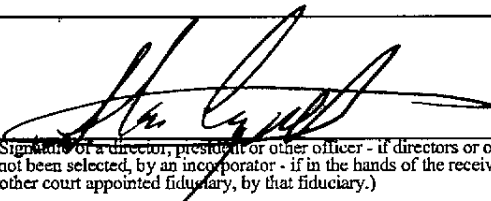
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Incorrect spelling of corporate name:  
Cell Card, Inc.

Correct the inaccuracy, incorrect statement, or defect:

Correct spelling of corporate name:  
Self Card, Inc.

  
(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.)

alan Carrejal

(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA