

PO5000003589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

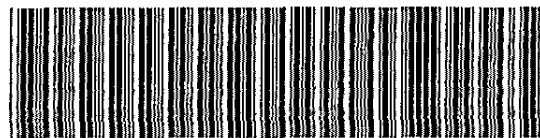
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CLERK OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JOVAN SOLIC CO.

(Name of Corporation)

DOCUMENT NUMBER: P05000003589

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

Please return all correspondence concerning this matter to the following:

JOVAN SOLIC

(Name of Person)

JOVAN SOLIC CO.

(Name of Firm/Company)

1401 SE 2 AVE

(Address)

DANIA, FLORIDA 33004

(City/State and Zip Code)

For further information concerning this matter, please call:

JOVAN SOLIC

(Name of Person)

at (954)

536-7192

(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, Florida 32314

Street Address:

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

FILED

ARTICLES OF CORRECTION

05 JAN 14 AM 9:17

for

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

JOVAN SOLIC CO.

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

P05000003589

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 JANUARY 7, 2005

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

MISSING - TITLE - OFFICER/DIRECTOR DETAIL

THIS INFORMATION WAS INCLUDED IN ORIGINAL FILING INFORMATION

(COPY ATTACHED) HOWEVER, IT WAS OMITTED / NOT INCLUDED IN THE ELECTRONIC

ARTICLES OF INCORPORATION CERTIFIED CONFIRMATION I RECEIVED.

(COPY ATTACHED)

Correct the inaccuracy, incorrect statement, or defect:

ADD TITLE - OFFICER/DIRECTOR DETAIL

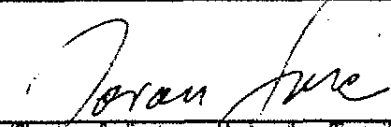
TITLE - PRESIDENT

OFFICER/DIRECTOR - JOVAN SOLIC

ADDRESS - 1401 SE 2 AVE

DANIA, FLORIDA 33004

(954) 536-7192


(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.)

JOVAN SOLIC

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00