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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FRUTASSA USA, INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000097835

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

Please return all correspondence concerning this matter to the following:

RODRIGO POSADA
(Name of Person)

GRUSHOFF & POSADA, INC.
(Name of Firm/Company)

6299 W SUNRISE BLVD, SUITE 211A
(Address)

PLANTATION, FL 33313
(City/State and Zip Code)

For further information concerning this matter, please call:

RODRIGO POSADA at (954) 854-1549
(Name of Person) (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

ARTICLES OF CORRECTION

for

FRUTASSA USA, INC.

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

PO5000097835

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 FLORIDA CORPORATION (PROFIT)

(Document Type)

filed with the Department of State on JULY 12, 2005

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

NAME OF CORPORATION:

Correct the inaccuracy, incorrect statement, or defect:

NAME OF CORPORATION:

PULPAS DEL CAMPO USA, 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.)

HERNAN ZAPATA

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

Filing Fee: \$35.00

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TALLAHASSEE, FLORIDA