P06000059654

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: MAHOGANY EXCELL	ENCE INC.	
DOCUMENT NUMBER: P0600005	Name of Corporation) 59654	
The enclosed Articles of Correction and fe		
Please return all correspondence concerni	ng this matter to the following:	
NICOLAS SIHA		
(Name of Contact Person)		
INCFILE.COM, LLC		
(Firm/Company)		
14027 MEMORIAL DRIVE, SUI	TE 110	
(Address)		
HOUSTON, TX 77079		
(City/State and Zip Code)	u los de la	
For further information concerning this m	after, please call:	
NICOLAS SIHA	at (713) 478-1040 (Area Code & Daytime Telephone Number)	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amo	ount:	
✓ \$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:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

ARTICLES OF CORRECTION

for

MAHOGANY EXCELLENCE INC.
Name of Corporation as currently filed with the Florida Dept. of State
P06000059654
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 ARTILCES OF INCORPPRATION (Document Type Being Corrected)
filed with the Department of State on APRIL 27, 2006 (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
THE STREET ADDRESS LISTED ON ARTICLES I, II,V AND VII IS INCORRECT
ALL SE
ARE T
SSE
mo z m
Log = O
Correct the inaccuracy, incorrect statement, or defect:
MIRAMAR, FL US 33029
(Signature of a director, prelident 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.)

Filing Fee: \$35.00

INCORPORATOR

(Title of person signing)

AUDREY STEIN

(Typed or printed name of person signing)