

PO6000074667

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALLIED PIVOT SALES, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** PO6000074667

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

Please return all correspondence concerning this matter to the following:

**MIKE CORWIN**

(Name of Contact Person)

**ALLIED PIVOT SALES, INC.**

(Firm/Company)

**P.O. BOX 1084**

(Address)

**OKEECHOBEE, FL. 34973-1084**

(City/State and Zip Code)

For further information concerning this matter, please call:

**MIKE D. CORWIN**

(Name of Contact Person)

at ( 863 ) 634-7718

(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, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF CORRECTION

for

**ALLIED PIVOT SALES, INC.**

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

**PO6000074667**

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 **ARTICLE V - INITIAL OFFICERS AND/OR DIRECTORS**  
(Document Type Being Corrected)

filed with the Department of State on 5/26/2006  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**MIKE D. CORWIN, 2912 N.W. 35TH DRIVE, OKEECHOBEE, FL 34972, DIRECTOR**

**DENNIS BRYAN, 1530 N.W. 25TH DRIVE, OKEECHOBEE, FL 34972, PRESIDENT**

**BILLY PAUL GOGGANS, 6868 N.E. 1ST STREET, OKEECHOBEE, FL., 34974, TREASURER**

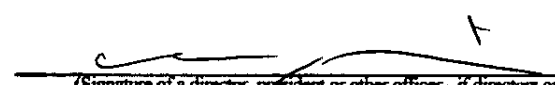
Correct the inaccuracy, incorrect statement, or defect:

**MIKE D. CORWIN, 2912 N.W. 35TH DRIVE, OKEECHOBEE, FL., PRESIDENT, SECRETARY**

**DENNIS BRYAN, 1530 N.W. 25TH DRIVE, OKEECHOBEE, FL., 34972, VICE PRESIDENT**

**BILLY JACK GOGGANS, 6868 N.E. 1ST STREET, OKEECHOBEE, FL., 34974, TREASURER**

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06 JUN - 7  
3:32  
TALLAHASSEE  
FLORIDA  
STATE  
SECRETARY

  
(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.)

**MIKE D. CORWIN**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)

**Filing Fee: \$35.00**