

P07000056166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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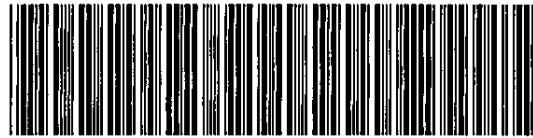
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Antallos
cy 6-11-07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BORINCUBA CORP
(Name of Corporation)

DOCUMENT NUMBER: PO 7 000056166

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

Please return all correspondence concerning this matter to the following:

MAGALY LUCENA
(Name of Contact Person)

BORINCUBA CORP.
(Firm/Company)

1103 BRACK STREET
(Address)

KISSIMMEE, FLORIDA 34744
(City/State and Zip Code)

For further information concerning this matter, please call:

MAGALY LUCENA at ()
(Name of Contact 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, FL 32314

Street Address:

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

ARTICLES OF CORRECTION

for

BORINCUBA CORP.

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

PO7000056166

Document Number (if known)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Being Corrected)

filed with the Department of State on 5/09/2007

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The name was listed incorrectly with the address. It was forwarded as

MAGALY SANCHEZ
2441 SABLE DRIVE

KISSIMMEE, FLORIDA 34744

Correct the inaccuracy, incorrect statement, or defect:

The name should be corrected including the address to:

MAGALY LUCENA

1103 BRACK STREET

KISSIMMEE, FLORIDA 34744

M. Lucena

(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.)

x Magaly Lucena

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00