

P08000013507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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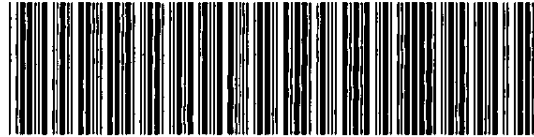
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Art. of Cor.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PAIZ CONSTRUCTION SERVICE, CORP  
(Name of Corporation)

**DOCUMENT NUMBER:** P08000013507

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

Please return all correspondence concerning this matter to the following:

OSCAR E PAIZ

(Name of Contact Person)

PAIZ CONSTRUCTION SERVICE, CORP

(Firm/Company)

3528 NW 2nd STREET

(Address)

MIAMI, FL 33125

(City/State and Zip Code)

For further information concerning this matter, please call:

OSCAR E PAIZ

(Name of Contact Person)

at ( 786 ) 236-8573

(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

**PAIZ CONSTRUCTION SERVICE, CORP**

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

**P08000013507**

\_\_\_\_\_  
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 II, V, VI, VII.

\_\_\_\_\_  
(Document Type Being Corrected)

filed with the Department of State on 02-08-08

\_\_\_\_\_  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**The incorrect Zip Code 33185.**

Correct the inaccuracy, incorrect statement, or defect:

**Correct Zip Code 33125.**

**FILED**  
**08 MAR 10 AM 10:35**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



\_\_\_\_\_  
(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.)

**OSCAR E PAIZ -**

\_\_\_\_\_  
(Typed or printed name of person signing)

**PRESIDENT**

\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35.00**