

PO 8000013617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

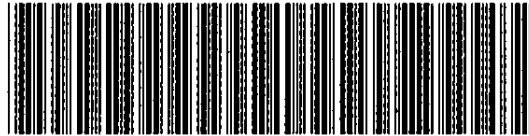
(Document Number)

Certified Copies ☒

Certificates of Status ☐

Special Instructions to Filing Officer:

Office Use Only



800118106708

02/18/08--01023--035 **43.75

FILED
2008 FEB 18 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of
Correction
Theris
2/19/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MASTERS OF HOME IMPROVEMENT INC.
(Name of Corporation)

DOCUMENT NUMBER: P08000013617

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

Please return all correspondence concerning this matter to the following:

PAUL S. DORIA
(Name of Contact Person)

MASTERS OF HOME IMPROVEMENT INC.
(Firm/Company)

9721 SW 16TH CT.
(Address)

POMEREO RINGS, FL 33025
(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL S. DORIA at (954) 445-5970
(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

MASTERS OF HOME IMPROVEMENT INC.

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

P08000013617

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 ARTICLES OF INCORPORATION

(Document Type Being Corrected)

filed with the Department of State on FEB. 6 2008

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

ARTICLE II : 8326 PINES BLVD
SUITE 160
PEMBROKE PINES, FL
33024

Correct the inaccuracy, incorrect statement, or defect:

8362 PINES BLVD
SUITE 160
PEMBROKE PINES, FL
33024



(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.)

PAUL S. DORIA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00

FILED
2008 FEB 18 PM 2:09
SECRETARY OF STATE
TREASURER OF FLORIDA