

PO8000086903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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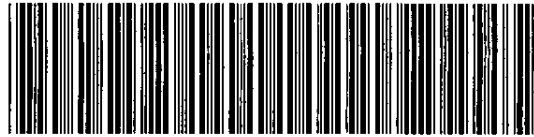
(Business Entity Name)

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DIVISION OF CORPORATIONS
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C.COULLIETTE
NOV 18 2008
EXAMINER

COVER LETTER

**TO: Amendment Section
Division of Corporations**

SUBJECT: SOLID MASONRY, INC.

(Name of Corporation)

DOCUMENT NUMBER: P08000086903

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

Please return all correspondence concerning this matter to the following:

MARVIN H. CHEPENIK

(Name of Contact Person)

HILLEGASS, CHEPENIK, & HOOD, CPA

(Firm/Company)

427 N THIRD ST.

(Address)

JACKSONVILLE BEACH, FL 32250

(City/State and Zip Code)

For further information concerning this matter, please call:

MARVIN H. CHEPENIK

(Name of Contact Person)

at (904)

248-0713

(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

FILED

10/7/08



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2008

MARVIN H. CHEPENIK
HILLEGASS, CHEPENIK & HOOD, CPA
427 N. THIRD ST
JACKSONVILLE BEACH, FL 32250

SUBJECT: SOLID MASONRY, INC.
Ref. Number: P08000086903

We have received your document for SOLID MASONRY, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 308A00053975

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RECEIVED
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE
OCT 17 AM 9:00

10/16/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOLID MASONRY, INC.

(Name of Corporation)

DOCUMENT NUMBER: P08000086903

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

Please return all correspondence concerning this matter to the following:

MARVIN H. CHEPENIK

(Name of Contact Person)

HILLEGASS, CHEPENIK, & HOOD, CPA

(Firm/Company)

427 N. THIRD ST.

(Address)

JACKSONVILLE BEACH, FL 32250

(City/State and Zip Code)

For further information concerning this matter, please call:

TIMOTHY L. COLEMAN

(Name of Contact Person)

at (904) 641-5705

(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

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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

SOLID MASONRY, INC.

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

P08000086903

Document Number (if known)

FILED
SECTION OF CORPORATE
DIVISION OF
08 NOV 18 PM 2:18

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 ELECTRONIC ARTICLES OF INCORPORATION,
(Document Type Being Corrected)

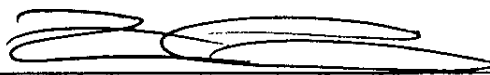
filed with the Department of State on 09/22/08
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE NAME OF THE REGISTERED AGENT, THE INCORPORATOR,
AND THE PRESIDENT IS MISSPELLED AS TIMOTHY L. DOLEMAN.

Correct the inaccuracy, incorrect statement, or defect:

PLEASE CORRECT THE SPELLING OF THE REGISTERED AGENT,
THE INCORPORATOR, AND THE PRESIDENT TO:
TIMOTHY L. COLEMAN


(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.)

TIMOTHY L. COLEMAN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00