1080000089684

(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



400136931694

10/17/08--01025--024 **35.00

Art of Caym

08 OCT 23 PH 3: 14



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2008

LAURA REGIER AMERICAN SAFETY COUNCIL, INC. 5125 ADANSON ST #500 ORLANDO, FL 32804

SUBJECT: ULTIMATE EXPERIENCE, INC.

Ref. Number: P08000089684

We have received your document for ULTIMATE EXPERIENCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(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) 245-6892.

Letter Number: 808A00054634

Tina Roberts Regulatory Specialist II

Division of Corporations - P.O. ROY 6327 Tallahassoa, Florida 32314

COVER LETTER

Amendment Section Division of Corporations

TO:

Illtimate Evnerience	Inc	
SUBJECT: Ultimate Experience,	Name of Corporation)	
DOCUMENT NUMBER: P0800008	39684	
The enclosed Articles of Correction and for	ee are submitted for filing.	
Please return all correspondence concerni	ng this matter to the following:	
Laura Regier		
(Name of Contact Person)		
American Safety Council, Inc.		
(Firm/Company)		
5125 Adanson St #500		
(Address)		
Orlando, FL 32804 (City/State and Zip Code)	<u> </u>	
For further information concerning this m	atter, please call:	
Laura Regier (Name of Contact Person)	at (407) 539-0814 (Area Code & Daytime Telephone Number)	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amo	ount:	
	✓ \$43.75 Filing Fee & Certificate of Status	
\$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
	Tallahassee, FL 32301	

ARTICLES OF CORRECTION

for

Ultimate Experience, Inc.	
Name of Corporation as currently filed w	th the Florida Dept, of State
P08000089684	
Document Number (i	f known)
Dungung 40 4b	. (영) 0124 Plants (1997) - 11
Pursuant to the provisions of Section 607.0124 or 617, these Articles of Correction within 30 days of the file of	124, Florida Statutes, this corporation files late of the document being corrected.
These articles of correction correct For Profit Corp	oration
	(Document Type Being Corrected)
filed with the Department of State on 10/01/2008	ate of Document)
·	tte of Document)
Specify the inaccuracy, incorrect statement, or defect:	
Article I- Corporation Name	
ULTIMATE EXPERIENCE, INC.	
Correct the inaccuracy, incorrect statement, or defect:	
ULTIMATE EXPERIENCES, INC.	
,	
Dulan	,
(Signature of a director, president or other of not been selected, by an incorporator - if in the	cer - if directors or officers have
other court appointed fiduciary, by that fiduc	iary.)
Derek Meyers	President
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00

(Title of person signing)