

PO9000002182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

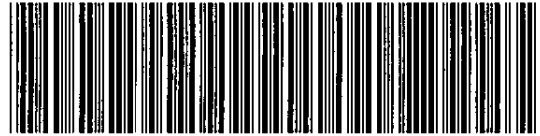
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600142985526

Articles of
Correction

02/09/09--01057--024 **35.00

FILED
2009 FEB -9 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AOR
2/13/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jalayah Save Insurance Inc.
(Name of Corporation)

DOCUMENT NUMBER: P09000002182

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

Please return all correspondence concerning this matter to the following:

Wines Saint-Louis
(Name of Contact Person)

May Blom Management LLC.
(Firm/Company)

921 Emmett Street
(Address)

Kissimmee, FL 34741
(City/State and Zip Code)

For further information concerning this matter, please call:

Wines Saint-Louis at (321) 594-0145
(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

Mount
North

ARTICLES OF CORRECTION

for

Jalayah Save Insurance Inc

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

PO9000002182

Document Number (if known)

FILED

2009 FEB -9 PM 4:26

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 Correction

(Document Type Being Corrected)

filed with the Department of State on 01-16-2009

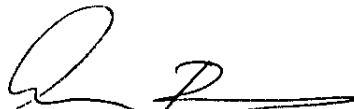
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

1209 North Pine Hills Road #B
Orlando, FL 32808

Correct the inaccuracy, incorrect statement, or defect:

1224 North Pine Hills Road
Orlando, Florida 32808



(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.)

ENRICH E DELARIVES

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00