

P0900005671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

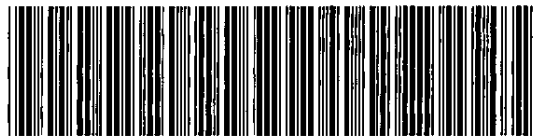
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400157078354

09 OCT 29 AM 11:06
SECRETARY OF REVENUE
TALLAHASSEE, FL 32310

(C)

off NC DUE TO MARRIAGE
DEC 10/29

B. Gould & Co., Inc. d/b/a
Alan M. Gould & Co.

Practice Limited to Taxation

1601 Forum Place
Suite 1000
West Palm Beach, FL 33401
www.AlanMGould.com

(561) 616-2500
West Palm Beach

(954) 979-1881
Ft. Lauderdale

October 27, 2009

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

Re: Juneau's World, Inc. P09000005671

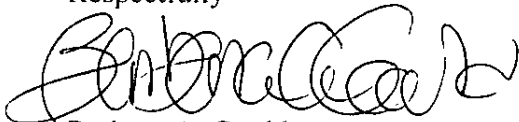
Dear Division of Corporations:

Due to a communication error, when the documents for incorporation were filed, the Treasurer's last name was listed incorrectly.

Per your email response (copy attached) to the question of correcting this error, please find attached a copy of the marriage license for the Treasurer, Sandrine Munniksma.

Please correct the information as soon as possible. Thank you for your assistance in this matter.

Respectfully



Barbara A. Gould
Alan M. Gould & Co.

09 OCT 29 AM 11:06

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
2009 OCT 29 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of Health - Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
 TYPE IN UPPER CASE
 USE BLACK INK

This license not valid unless seal of Clerk, Circuit or County Court, appears thereon

(STATE FILE NUMBER)

OCT 30 2006

DATE RETURNED:

RECORDED: BOOK **358** PAGE **1522**

HOWARD C. FORMAN CLERK OF COURT

BY **LR** DEPUTY CLERK

ML-NO-06-002245

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) HARRY GOWARD MUNNIKSM			2. DATE OF BIRTH (Month, Day, Year) APR 12, 1960		
3. RESIDENCE CITY, TOWN, OR LOCATION BOYNTON BEACH		4. COUNTY PALM BEACH	5. STATE FLORIDA	6. BIRTHPLACE (State or Foreign Country) NEW YORK	
7. BRIDE'S NAME (First, Middle, Last) SANDRINE ANNE GIACCARDI			8. DATE OF BIRTH (Month, Day, Year) OCT 14, 1969		
9. RESIDENCE CITY, TOWN, OR LOCATION DEERFIELD BEACH		10. COUNTY BROWARD	11. STATE FLORIDA	12. BIRTHPLACE (State or Foreign Country) FRANCE	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR MYSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) [Signature]		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) SEP 15, 2006	
11. TITLE OF OFFICIAL DEPUTY CLERK PASHETTA BLUE		12. SIGNATURE OF OFFICIAL (Use black ink) [Signature]	
13. SIGNATURE OF BRIDE (Sign full name using black ink) [Signature]		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) SEP 15, 2006	
15. TITLE OF OFFICIAL DEPUTY CLERK PASHETTA BLUE		16. SIGNATURE OF OFFICIAL (Use black ink) [Signature]	

LICENSE TO MARRY

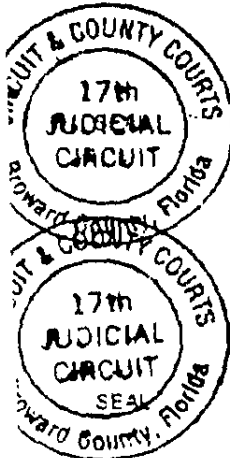
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE BROWARD		18. DATE LICENSE ISSUED SEP 15, 2006	19. DATE LICENSE EFFECTIVE SEP 15, 2006	20. EXPIRATION DATE NOV 13, 2006
21. SIGNATURE OF COURT CLERK OR JUDGE [Signature]		22. TITLE DEPUTY CLERK PASHETTA BLUE		23. BY DC

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

24. DATE OF MARRIAGE (Month, Day, Year) October 14, 2006		25. CITY, TOWN, OR LOCATION OF MARRIAGE Plantation, Florida	
26. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) [Signature]		27. ADDRESS (Of person performing ceremony) P.O. Box 100354 Fort Lauderdale, FL 33310	
28. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or relay name) Rick Braswell, Chaplain		29. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) [Signature]	
		30. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) [Signature]	



SEAL