

PD9000095856

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(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

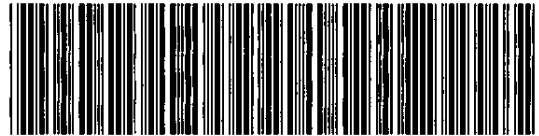
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Correction
News
12-3-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ST. CLOUD SMILES, INC.

Name of Corporation

DOCUMENT NUMBER: NEW/ REF # 500163030625

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

Please return all correspondence concerning this matter to the following:

John Nguyen

Name of Contact Person

Firm/Company

2704 Cypressway Court

Address

Orlando, FL 32825

City/State and Zip Code

Estimating@VNVTileandStone.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Nguyen

Name of Contact Person

at (407) 468-9659

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

FILED

ST. CLOUD SMILES, INC.

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

2009 NOV 30 A 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW/ REF # 500163030625

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 Profit Articles of Incorporations,
(Document Type Being Corrected)

filed with the Department of State on 11/23/2009,
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The effective date was set for 1/01/2010.

Correct the inaccuracy, incorrect statement, or defect:

Please revise to be effective Immediately or A.S.A.P.

(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.)

Jennifer Van

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00