

PXXXXX0729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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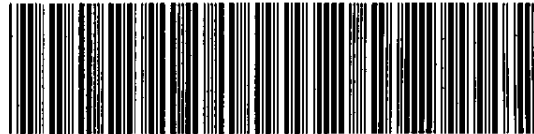
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of  
Correction

*[Handwritten signature]*

1-14-10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HMU DISTRIBUTORS, INC.

Name of Corporation

**DOCUMENT NUMBER:** P10000000729

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

Please return all correspondence concerning this matter to the following:

JOSHUA LOUIS

Name of Contact Person

HMU DISTRIBUTORS, INC.

Firm/Company

417 FLOTILLA ROAD

Address

NORTH PALM BEACH, FL 33408

City/State and Zip Code

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

For further information concerning this matter, please call:

MICHAEL GUYARD

Name of Contact Person

at ( 561 ) 478.1451

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

HMU DISTRIBUTORS, INC.

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

P10000000729

Document Number (if known)

FILED  
2010 JAN 13 PM 12:11  
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 INCORPORATION  
(Document Type Being Corrected)

filed with the Department of State on 1/4/10  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

All addresses listed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

PRINCIPAL PLACE, MAILING , AND REGISTERED AGENT ADDRESS SHOULD BE:

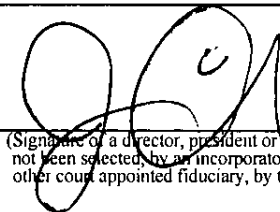
417 FLOTILLA ROAD, NORTH PALM BEACH, FL 33408

OFFICER JOSHUA LOUIS ADDRESS SHOULD BE:

417 FLOTILLA ROAD, NORTH PALM BEACH, FL 33408

OFFICER ALBERT PASSAVANTI ADDRESS SHOULD BE:

417 FLOTILLA ROAD, NORTH PALM BEACH, FL 33408



(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.)

JOSHUA LOUIS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00