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SECRETARY OF STATE ALLAHASSEE, FLORID

correction

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: ISMV INC Name of Corporation		
DOCUMENT NUMBER: <u>\$10000018053</u>		
The enclosed Articles of Correction and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
ViViANA MED Name of Contact Person	llo	
JSMV D	ve.	
16632 SW 6 th	<u>st.</u>	
Remproke Pives,	FZ 33029	
REVESTIMIENTOBESTIAL @ YAhoo. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
ViViANA MELLO Name of Contact Person	at (786) 308-1980 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

ZOID MAR 19 PM 3: 15
TALLAHASSEE, FLORIDA

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

P10000018053

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 (Document Type Being Corrected) filed with the Department of State on (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect: Article VII - Officers + Directors President - Jorge L Serrano V. President - Viviana T. Mello
Correct the inaccuracy, incorrect statement, or defect: HTCL VII - Officers + Directors
President - Viviana T. Mello Treasurer - Jorge L. Serrano Secretary - Sarah Deschger Secretary - Chelsea Deschger
(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.) Vi Vi Ama T. Mollo Resident
(Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00