P1000018155

| (Re | equestor's Name) | |
|---|--------------------|-----------------|
| (Ad | ldress) | |
| (Ad | ldress) | _ . |
| (Ci | ty/State/Zip/Phone |) #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nan | ne) |
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COVER LETTER

TO:

Amendment Section Division of Corporations

| SUBJECT: CRINCOLI REAL ESTA | ATE INC. | |
|---|--|--|
| DOCUMENT NUMBER: P10000018 | B155 | |
| The enclosed Articles of Correction and fe | ee are submitted for filing. | |
| Please return all correspondence concernir | ng this matter to the following: | |
| MARY CRINCOLI | | |
| Name of Contact Person | | |
| CRINCOLI REAL ESTATE INC. | | |
| 2805 E. OAKLAND PARK BLVD PMB | # 327 | |
| FORT LAUDERDALE, FL. 33306 City/State and Zip Code | | |
| MARYCRINCOLI@HOTMAIL.COM E-mail address: (to be used for future annual re | port notification) | |
| For further information concerning this ma | tter, please call: | |
| MARY CRINCOLI Name of Contact Person | at (954) 560-1282 Area Code & Daytime Telephone Number | |
| • | , , | |
| Enclosed is a check for the following amou | int: | |
| \$35.00 Filing Fee | \$43.75 Filing Fee & Certificate of Status | |
| \$43.75 Filing Fee & 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

| CRINCOLI REAL ESTATE INC. | | |
|---|--|----------------|
| Name of Corporation as currently filed with the Florida Dept. of State | 35. | 5 |
| P1000018155 Document Number (if known) | CRETA | FILED PHIZ: |
| | SSE | LED 22 F |
| Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes these Articles of Correction within 30 days of the file date of the document b | , this corporation files eing corrected. | - 2.7 M 12: |
| These articles of correction correct ARTICLES OF INCORPOR (Document Type Being Corrected) | ATION/OFF | ars |
| filed with the Department of State on OFFICER/DIRECTOR (File Date of Document) | | |
| Specify the inaccuracy, incorrect statement, or defect: | | |
| PLEASE REMOVE AS OFFICERS: | | |
| PIEDRA, J., TITLE: VP | | _ |
| PIEDRA, C., TITLE: VP | | |
| | - | _ |
| | | _ |
| | | |
| | | _ |
| Correct the inaccuracy, incorrect statement, or defect: | | |
| THE ONLY OFFICER FOR THE COMPANY IS: | | |
| CRINCOLI, MARY, TITLE: PRESIDENT | | _ |
| | | _ |
| | | |
| | | _ |
| —————————————————————————————————————— | . | - |
| | | _ |
| MALL AZ | | |
| (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.) | | |
| MARY CRINCOLI | PRESIDENT | |
| (Typed or printed name of person signing) | (Title of person signing) | |

Filing Fee: \$35.00