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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	TECT: JOY MART & DELI, INC	ame of Corporation
DOC	ument number: <u>P10000037</u>	923
The e	nclosed Articles of Correction and fe	e are submitted for filing.
Please	e return all correspondence concernin	g this matter to the following:
KHO	KAN MONDAL Name of Contact Person	
JOY	MART & DELI, INC. Firm/Company	
<u>4701</u>	68TH STREET NORTH, APT 3F	
STP	ETERSBURG, FL 33709 City/State and Zip Code	
MON	DAL2@HOTMAIL.COM E-mail address: (to be used for future annual re	port notification)
For fi	arther information concerning this ma	tter, please call:
KHO	KAN MONDAL Name of Contact Person	at (850) 699-6062 Area Code & Daytime Telephone Number
Enclo	sed is a check for the following amou	ınt:
✓ \$3:	5.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status
□ \$43	3.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy
Amen Divisi P.O. I	ng Address: Independent Section Identification of Corporations Box 6327 Inassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF CORRECTION FILED

for

10 HAY 21 BM 4 55

JOY MART & DELI, INC. ECAL VARY OF STATE Name of Corporation as currently filed with the Florida Data Land ASSEE, FLORIDA
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 ARTICLES OF INCORPORATION (Document Type Being Corrected)
filed with the Department of State on MAY 3, 2010 (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
One of the shareholders was left off from the original incorporation.
·
Correct the inaccuracy, incorrect statement, or defect:
•
There should be two (2) shareholders with both being officers.
Shahryar Kabeer Russell should be the Vice-president.
His address is: 1504 E 9th Street, Lynn Haven, FL 32444
This address is. 1004 E out outout, Eymir Havon, 1 E 02444
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.)
presiden
(Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00