

P100000044423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

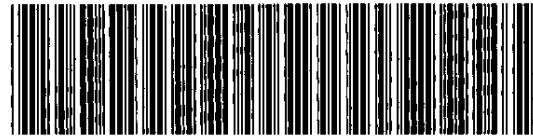
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800181317818

05/27/10--01008--004 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 MAY 27 PM 1:59

Art Correction
@ 5/27/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NONI CREATIONS INC.
Name of Corporation

DOCUMENT NUMBER: P10000044423.

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

Please return all correspondence concerning this matter to the following:

ELIZABETH COSTA.
Name of Contact Person

NONI CREATIONS INC.
Firm/Company

11325 N.W. 52 LN
Address

Doral, FL 33178
City/State and Zip Code

NONI CREATIONS @GMAIL.COM.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIZABETH COSTA. at (786) 252 0387.
Name of Contact Person 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

NONI CREATIONS INC.

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

P16000044423

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 24 TH 2010.
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

VANESSA LATOUD (PRESIDENT)

Correct the inaccuracy, incorrect statement, or defect:

ANTONIO AVENDANO (PRESIDENT)


(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.)

ELIZABETHA COSTA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 MAY 27 PM 1:59