

P 10000045633

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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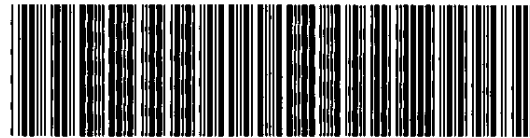
(Business Entity Name)

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10 JUN - 7 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

*[Handwritten signature]*  
6/9/10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TIPICO HONDURENO INC

Name of Corporation

**DOCUMENT NUMBER:** P10000045633

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

Please return all correspondence concerning this matter to the following:

ELSA ORTIZ

Name of Contact Person

TIPICO HONDURENO INC

Firm/Company

3002 NW 7TH. AVE

Address

MIAMI, FL 33127

City/State and Zip Code

utemoli@hotmail.com

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

For further information concerning this matter, please call:

ELSA ORTIZ

Name of Contact Person

at ( 786 ) 537-5138

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

**TIPICO HONDURENO INC**

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

**P10000045633**

Document Number (if known)

RECEIVED  
AND  
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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 Registered Agent, Incorporated, President name,  
(Document Type Being Corrected)

filed with the Department of State on 05/26/2010.  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

ELSA BENITEZ

Correct the inaccuracy, incorrect statement, or defect:

ELSA ORTIZ

x *Elsa Ortiz*

(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.)

ELSA ORTIZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**Filing Fee: \$35.00**