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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: You DID	IT ?	
DOCUMENT NUMBER: P10000079428		
The enclosed Articles of Correction and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
MAX A ADAMS Name of Contact Person		
the Medi-LAW FIRM Firm/Company		
1400 NW 10 AVE, PH3		
MIAMI FLORIDA 33136 City/State and Zip Code		
max @-the medilaw frem. com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
MAX A. AD AMS Name of Contact Person	at (305) 549 - 7281 Area Code & Daytime Telephone Number	
rane of condet reison	Area code de Daytine receptore natioer	
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 Fce, 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
Vou DID TT PINC R
P10000079428 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 99910 (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect: The Company name Should be It you DID It! It should have an exclamation mark + not a question Mark.
Correct the inaccuracy, incorrect statement, or defect: + Should read YOU DID it., INC.
(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.)
May A - ADAMS (Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00