

P100000089443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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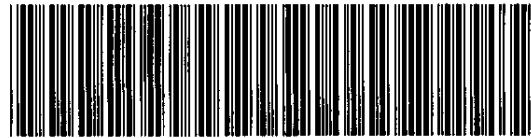
(Business Entity Name)

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Art Correction  
Name chg  
@ 11/9/10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Galina Solomovich  
Name of Contact Person

G \$ S Prop. Inc  
Firm/Company

16051 Collins Ave. # 401  
Address

Sunny Isles Beach, FL 33160  
City/State and Zip Code

galina@vgmtel.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Galina Solomovich at ( 305 ) 867 1228  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee       | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status                 |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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

G \$ S Prop. Inc.

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

P10000089443

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 November 01, 2010.  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

G \$ S Prop. Inc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
10 NOV - 8 PM 12:30

Correct the inaccuracy, incorrect statement, or defect:

G & S Prop. Inc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A. Gitman  
(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.)

Alisa Gitman

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35.00