

P/2000019/63

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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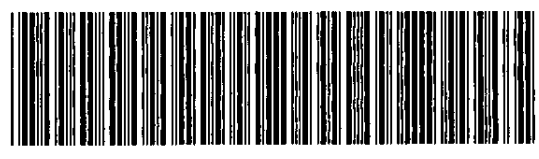
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Article 10  
Corrected  
3-22-12

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WINDJAMMER SAILING ADVENTURES, INC.

Name of Corporation

**DOCUMENT NUMBER:** P12000019163

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

Please return all correspondence concerning this matter to the following:

Charles J Kropke

Name of Contact Person

Windjammer Sailing Adventures, Inc.

Firm/Company

1200 Anastasia Avenue, Suite 150

Address

Coral Gables, Florida 33134

City/State and Zip Code

ckropke@dragonflyadventures.com

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

For further information concerning this matter, please call:

Mary Cynthia Greenway

Name of Contact Person

at ( 702 ) 277-6555

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

WINDJAMMER SAILING ADVENTURES, INC.

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

P12000019163

Document Number (if known)

FILED  
2012 MAR 20 AM 8:19  
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 Articles of Incorporation,  
(Document Type Being Corrected)

filed with the Department of State on February 27, 2012,  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Mary Cynthia Greenway, Vice President

Suite 216

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

Correct the inaccuracy, incorrect statement, or defect:

Mary Cynthia Greenway, President

Suite 150

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

Mary Cynthia Greenway  
(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.)

Mary Cynthia Greenway

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35.00**