

P120000085654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

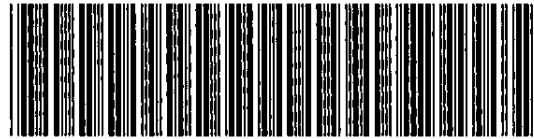
(Business Entity Name)

(Document Number)

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2012 OCT 29 PM 2:34  
CLERK OF COURT  
HALL COUNTY, MISSISSIPPI

OCT 29 2012  
T. ROBERTS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 18, 2012

JUAN C. SANCHEZ  
SANCHEZ & SANCHEZ  
900 W 49 ST STE 518  
HIALEAH, FL 33012

SUBJECT: INVERSIONES Y SUMINISTROS MORAN C.A. INC  
Ref. Number: P12000085654

We have received your document for INVERSIONES Y SUMINISTROS MORAN C.A. INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts  
Regulatory Specialist II

Letter Number: 812A00025692

RECEIVED  
12 OCT 29 AM 10:56  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** INVERSIONES Y SUMINISTROS MORAN C.A. INC  
Name of Corporation

**DOCUMENT NUMBER:** P12000085654

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

Please return all correspondence concerning this matter to the following:

JUAN C SANCHEZ

Name of Contact Person

SANCHEZ & SANCHEZ

Firm/Company

900 W 49 ST SUITE 518

Address

HIALEAH, FL 33012

City/State and Zip Code

JCSANCHEZ33014@MSN.COM

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

For further information concerning this matter, please call:

JUAN C SANCHEZ

Name of Contact Person

at ( 305 ) 812-1816

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

INVERSIONES Y SUMINISTROS MORAN C.A. INC.

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

P12000085654

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 THE NAME

(Document Type Being Corrected)

filed with the Department of State on FLORIDA

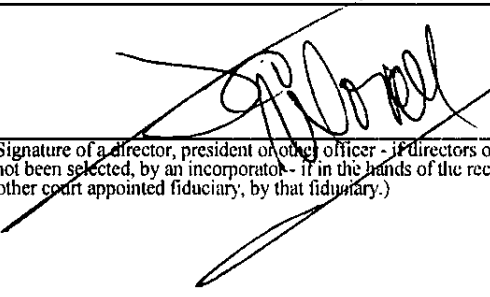
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

BY MISTAKE I WROTE: INVERSIONES Y SUMINISTROS MORAN C.A. INC  
BUT THE NAME HAS TO BE: INVERSIONES Y SERVICIOS MORAN C.A. INC.

Correct the inaccuracy, incorrect statement, or defect:

THE CORRECT NAME IS: INVERSIONES Y SERVICIOS MORAN C.A. 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.)

JUAN C. MORAN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**Filing Fee: \$35.00**