P12000102173

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	<u>.</u>
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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TO: Amendment Section Division of Corporations			
SUBJECT: ALE PIE	House INC		
SUBJECT: ALE PIE House INC. Name of Corporation DOCUMENT NUMBER: P 12000 102173			
The enclosed Articles of Correction and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
IBRALIN ORHAN			
IBRAKIN ORKAN Name of Contact Person ALE Pie House INC. Firm/Company 6118 Alpen Ruse Ale Address			
6118 ALPEN RUSE AVE			
TACK SON VILL FLUNI dA 32256. City/State and Zip Code			
Sapiens 4 @ hot mail. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
IBRALIM OR HAN Name of Contact Person	ai (904) 861-9814		
Name of Contact Person	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

ALE PIR HOUSE INC.	
Name of Corporation as currently filed with the Florida Dept. o	f State
P 12000102173 Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida these Articles of Correction within 30 days of the file date of the doce	Statutes, this corporation files ument being corrected.
These articles of correction correct WAME OF ME. (Document Type Bei	MACR ON COMPARATION (VP)
filed with the Department of State on /2/17/20/2. (File Date of Document)	.
Specify the inaccuracy, incorrect statement, or defect:	
Vice President Cast NAME S	Spell WRONG.
Vice President Cast NAME S His NAME IS (MUSTAFA EK	MEN) NOT
* MUSTAFA EX MEN X	
LURON 9	
WKON	
Correct the inaccuracy, incorrect statement, or defect:	
i i i	NA It's
yann all	
(Signature of a director, president or other officer - if directors or of not been selected, by an incorporator - if in the hands of the receive	r. trustee or
other court appointed fiduciary, by that fiduciary.)	SEE 6
I BRAhiM OR HAN	Tresident #
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00