

P13000054921

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# Articles Of Correction

07/15/13--01028--028 \*\*35.00

FILED  
2013 JUL 15 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
76

DR  
7/16/13

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** D'VINE THERAPY SERVICES INC

Name of Corporation

**DOCUMENT NUMBER:** P13000054921

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

Please return all correspondence concerning this matter to the following:

**FLOR CASTRO**

Name of Contact Person

Firm/Company

**1275 W 47TH PLACE SUITE 328**

Address

**HIALEAH, FL 33012**

City/State and Zip Code

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

For further information concerning this matter, please call:

**FLOR CASTRO**

Name of Contact Person

at ( **786** ) **683-3869**

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

FILED

For

2013 JUL 15 PM 4:28

D'VINE THERAPY SERVICES INC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P13000054921

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 06/26/2013,  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

PRINCIPAL AND MAILING ADDRESS IS MISSING THE SUITE NUMBER

Correct the inaccuracy, incorrect statement, or defect:

PRINCIPAL AND MAILING ADDRESS CORRECT AS FOLLOW:

1275 W 47TH PLACE SUITE 328

HIALEAH, FL 33012

Flor Castro L.

(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.)

FLOR CASTRO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00