

P14000011700

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14 FEB 18 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
FEB 18 2014  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LAS VILLAS SUPER DIVINAS CORP

Name of Corporation

**DOCUMENT NUMBER:** P14000011700

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

Please return all correspondence concerning this matter to the following:

**ALBERTO CEPEDA**

Name of Contact Person

**LAS VILLAS SUPER DIVINAS CORP**

Firm/Company

**3950 BIRD ROAD**

Address

**MIAMI FL 33146**

City/State and Zip Code

**NICOLASPLAZ@HOTMAIL.COM**

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

For further information concerning this matter, please call:

**ALBERTO CEPEDA** at ( **561** ) **6036655**

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

APPROVED  
AND  
FILED

**ARTICLES OF CORRECTION**

14 FEB 18 PM 4:42

For

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LAS VILLAS SUPER DIVINAS CORP**

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

**P14000011700**

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 **FLORIDA** 2-6-14

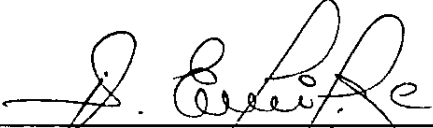
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**REMOVE THE EFFECTIVE DATE**

Correct the inaccuracy, incorrect statement, or defect:

**REMOVE THE EFFECTIVE DATE**

  
(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.)

**ALBERTO CEPEDA**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)

**Filing Fee: \$35.00**