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C. LEWIS JUN 18 2014 EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations			
SUBJECT: MASON JA	R CAFE II, INC		
DOCUMENT NUMBER: P14000047076			
The enclosed Articles of Correction and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Thomas P MANISC Name of Contact Person	PLO		
T. P. MANISCALO, INC			
6161 NW 31 WAY			
FT LAUDERBALE FL 33309 City/State and Zip Code			
TMPATRICK 51 @ 6 MAIL. COM E-mail address: (to be used for future admiral report notification)			
For further information concerning this matter, please call:			
Thomas P MANISCOLO Name of Contact Person	at (954) 978 2423 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:	Street Address:		
Amendment Section Division of Corporations	Amendment Section		
P.O. Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF CORRECTION

14 JUN -6 PH 12: 38

For

SECRETARY OF STATE TALLAHASSEE, FLORIDA

MASON JAR CAFE II INC Name of Corporation as currently filed with the Florida Dept. of State

P14 0000 47 07 6

Document Number (if known)

Document Number (II 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 <u>OFFICERS CORRECT NAME</u> , (Document Type Being Corrected)
filed with the Department of State on MA4 28 2014.
Specify the inaccuracy, incorrect statement, or defect: ERNESTO RADO
Correct the inaccuracy, incorrect statement, or defect:
JESUS E. RAdo
(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.)

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S. E. RADO (Typed or printed name of person signing) PRESIDENT

Filing Fee: \$35.00