

P14000093593

(Requestor's Name)

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(City/State/Zip/Phone #)

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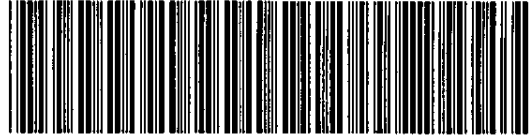
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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MEDKON INC  
Name of Corporation

**DOCUMENT NUMBER:** P14000093593

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

Please return all correspondence concerning this matter to the following:

WARREN TAYLOR  
Name of Contact Person

MEDKON INC  
Firm/Company

7816 DUCK POND CT  
Address

HUDSON FL 34667  
City/State and Zip Code

JOPIN53@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOANNE PINAUD at (727) 849 9645  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |
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| <input checked="" type="checkbox"/> \$35.00 Filing Fee       | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status                 |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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

MEDKAN INC

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

P14000093593

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 NOV 17, 2014  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE NAME WAS MISPELLED ON  
THE ORIGINAL FILING

Correct the inaccuracy, incorrect statement, or defect:

THE NAME SHOULD BE MEDKON INC

14 DEC -4 24 11 09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Col - Taylor  
(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.)

WARREN TAYLOR

(Typed or printed name of person signing)

PRES

(Title of person signing)

Filing Fee: \$35.00