

P15000097459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

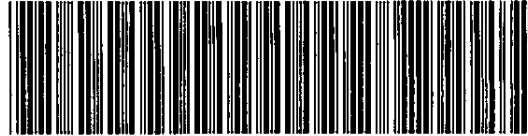
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/28/15--01008--009 \*\*35.00

*Correction*

FILED  
16 FEB -4 PM 5:18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FEB 05 2016

K. BROWN



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 30, 2015

JOSHUA LEVINE  
TRANSPORT YOUR AUTO CORP  
410 BUSINESS PARKWAY #120  
ROYAL PALM BEACH, FL 33411

SUBJECT: TRANSPORT YOUR AUTO CORP  
Ref. Number: P15000097459

We have received your document for TRANSPORT YOUR AUTO CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You didn't complete the application properly. First of all you must put the document type being corrected which would be Articles of Incorporation. You also need to put what was wrong with the document in "Specify the inaccuracy, incorrect statement, or defect" & then put the correct information in the "Correct the inaccuracy, incorrect statement, or defect". We will honor the 30 day period since the document was received within the allowed timeframe.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 115A00027206

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Transport Your Auto Corp.  
Name of Corporation

DOCUMENT NUMBER: P15000097459

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

Please return all correspondence concerning this matter to the following:

Joshua Levine

Name of Contact Person

Transport Your Auto Corp.

Firm/Company

410 Business Pkwy #120

Address

Royal Palm Beach, FL 33411

City/State and Zip Code

Josh @transportyourauto.com

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

For further information concerning this matter, please call:

Joshua Levine

Name of Contact Person

at ( 561 ) 531-1479

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

FILED

ARTICLES OF CORRECTION

16 FEB -4 PM 5:18

For

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

TRANSPORT YOUR AUTO CORP

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

P15000097459

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 12/3/2015  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Airio Dipeolu is not a managing member or officer for this  
corporation. This was entered in error. Joshua L. Levine is the  
lead officer for this corporation.

Correct the inaccuracy, incorrect statement, or defect:

TRANSFER JOSHUA L. LEVINE FROM A REGISTERED AGENT TO AN OFFICER  
AND REMOVE AIRIO DIPEOLU AS HE HAS NO INVOLVEMENT WITH THIS  
CORPORATION

  
(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)

Joshua Levine

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00