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TALLAHASSEE, FLORIDA

C. GOLDEN

JUN - 7 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **PLASTIKMOULDING CORPORATION**

Name of Corporation

DOCUMENT NUMBER: **P17000044416**

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

Please return all correspondence concerning this matter to the following:

LIZ GARRIDO CPA

Name of Contact Person

LIZ GARRIDO CPA

Firm/Company

5630 NE TRIESTE TERRACE

Address

BOCA RATON, FL 33487

City/State and Zip Code

LIZSVET@AOL.COM

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

For further information concerning this matter, please call:

LIZ GARRIDO

Name of Contact Person

at (**954**) **275-8031**

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

For

FILED

2017 JUN -5 PM 3:16

PLASTIKMOULDING CORPORATION

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

FALL GROUND, FLORIDA

P17000044416

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 CORPORATION
(Document Type Being Corrected)

filed with the Department of State on 05/17/17
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

NAME WAS ENTERED INCORRECTLY

PLASTIKMOULDING CORPORATION

Correct the inaccuracy, incorrect statement, or defect:

PLASTIKMOLDING 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)

GUSTAVO LOPEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00