

P18000052545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800314546088

06/18/18--01015--008 **43.75

FILED
18 JUL -2 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 05 2018
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2018

PATTI LEVIN EA
1022 N DONNELLY STREET
MOUNT DORA, FL 32757

SUBJECT: FRANCHISE CONNECTION GROUP INC
Ref. Number: P18000052545

We have received your document for FRANCHISE CONNECTION GROUP INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 518A00012811

RECEIVED
18 JUL -2 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FRANCHISE CONNECTION GROUP INC

Name of Corporation

DOCUMENT NUMBER: P18000052545

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

Please return all correspondence concerning this matter to the following:

PATTI LEVIN EA

Name of Contact Person

Firm/Company

1022 N DONNELLY STREET

Address

MOUNT DORA, FL 32757

City/State and Zip Code

PATTI@PLITAX.COM

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

For further information concerning this matter, please call:

PATTI LEVIN EA

Name of Contact Person

at (**352**) **383-0007**

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

FRANCHISE CONNECTION GROUP INC

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

P18000052545

(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 JUNE, 11, 2018

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

INCORRECT SPELLING OF THE 2ND WORD OF THE NAME OF THE CORPORATION -
FRANCHISE CONNECTION GROUP INC -
CONNECTION I MISPELLED

Correct the inaccuracy, incorrect statement, or defect:

CORRECT SPELLING OR CORPORATE NAME IS
FRANCHISE CONNECTION GROUP INC

FILED
18 JUL -2 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



(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.)

BILL HELTON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00