

P2000000 35051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

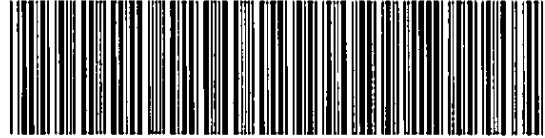
(Business Entity Name)

(Document Number)

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JUL 02 2020

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAPITAL CITY STAFFING PARTNERS INC

Name of Corporation

DOCUMENT NUMBER: P20000035051

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

Please return all correspondence concerning this matter to the following:

LUCY STALEY

Name of Contact Person

DOLLARS AND NO CENTS INC.

Firm/Company

861 NW 171st TERRACE

Address

MIAMI, FL. 33169

City/State and Zip Code

TAXMOTHER@AOL.COM

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

For further information concerning this matter, please call:

LUCY STALEY

at (305) 623-1080

Name of Contact Person

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2020

LUCY STALEY
861 NW 171ST TERRACE
MIAMI, FL 33169

SUBJECT: CAPITAL CITY STAFFING PARTNERS INC.
Ref. Number: P20000035051

We have received your document for CAPITAL CITY STAFFING PARTNERS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Document was submitted incomplete.

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.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 420A00012430

ARTICLES OF CORRECTION

For

CAPITAL CITY STAFFING PARTNERS INC

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

P20000035051

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct _____
(Document Type Being Corrected)

filed with the Department of State on _____
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

FIRST NAME IN THE ARTICLES IS SPELL INCORRECT (ILLA)

Correct the inaccuracy, incorrect statement, or defect:

THE CORRECT SPELLING IS (ILIA)

THE EIN NUMBER IS 85-0507574

(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.)

ILIA BELKIN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00