

L05000002729

(Requestor's Name)

Law Offices of Dennis Phillips, PA
600 N. Pine Island Rd. #450
Plantation, FL 33324

(City/State/Zip/Phone #)

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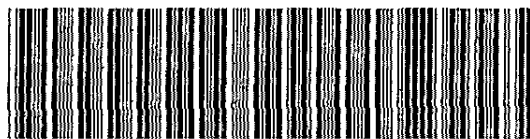
(Business Entity Name)

(Document Number)

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**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
STAFFING SOLUTIONS, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The name of the company is incorrect, it should read

STAFFING SOLUTIONS OF THE TREASURE COAST, LLC

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:

Dated: 2-7-05


Signature of a member or authorized representative of a member

Dennis Phillips, Esq.

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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**Electronic Articles of Organization
For
Florida Limited Liability Company**

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FILED 8:00 AM
January 10, 2005
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Article I

The name of the Limited Liability Company is:
STAFFING SOLUTIONS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
PO BOX 29064
DAVIE, FL. 33329

The mailing address of the Limited Liability Company is:
PO BOX 29064
DAVIE, FL. 33329

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
LAW OFFICES OF DENNIS PHILLIPS, PA
600 N. PINE ISLAND ROAD
450
PLANTATION, FL. 33324

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: DENNIS PHILLIPS

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Article V

The name and address of managing members/managers are:

Title: MGRM
CHARLES R D'AGATA
2552 SE MORNINGSIDE BLVD.
PORT ST. LUCIE, FL. 34952

Title: MGRM
JODI DARGAN
2552 SE MORNINGSIDE BLVD.
PORT ST. LUCIE, FL. 34952

Title: MGRM
RHONDA BLAKELY
2552 SE MORNINGSIDE BLVD.
PORT ST. LUCIE, FL. 34952

Signature of member or an authorized representative of a member

Signature: DENNIS PHILLIPS

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