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SECRETARY OF STATE
TALLAHASSEE FLORIDA

36

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Employer Solutions Group, LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Bruce M. Rodgers

(Name of Person)

Business Law Group, P.A.

(Firm/Company)

609 W. Horatio St.

(Address)

Tampa, FL 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

Bruce M. Rodgers

(Name of Person)

at (813) 258 8588

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☒ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (08/05)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**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:
The Employer Solutions Group, 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 limited liability company is: Benefits Solutions Group, LLC

OR

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Dated: February 7, 2007

Signature of a member or authorized representative of a member

Bruce M. Rodgers

Typed or printed name of signee

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

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

L07000010869
FILED 8:00 AM
January 30, 2007
Sec. Of State
mthomas

Article I

The name of the Limited Liability Company is:
THE EMPLOYER SOLUTIONS GROUP, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
609 W. HORATIO ST.
TAMPA, FL. 33606

The mailing address of the Limited Liability Company is:
609 W. HORATIO ST.
TAMPA, FL. 33606

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:
BRUCE M RODGERS
609 W. HORATIO ST.
TAMPA, FL. 33606

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: BRUCE M. RODGERS

Article V

The name and address of managing members/managers are:

Title: MGR
BRUCE M RODGERS
609 W. HORATIO ST.
TAMPA, FL. 33606

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FILED 8:00 AM
January 30, 2007
Sec. Of State
mthomas

Signature of member or an authorized representative of a member

Signature: BRUCE M. RODGERS