

L09000057045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

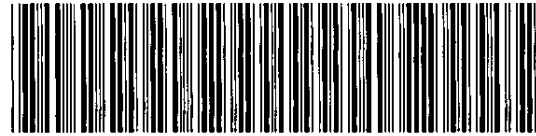
(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR  
JUN 17 2009  
EXAMINER

FILED  
09 JUN 16 AM 8: 25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 033156 77111112  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

FILED  
09 JUN 16 AM 8:25  
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ORDER DATE : June 10, 2009  
ORDER TIME : 1:45 PM  
ORDER NO. : 033156-011  
CUSTOMER NO: 77111112

DOMESTIC AMENDMENT FILING

NAME: MOBILE LIVESCAN SOLUTIONS, LLC

XX ARTICLES OF CORRECTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED  
09 JUN 16 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:  
MOBILE LIVESCAN 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:

ARTICLE III - THE PURPOSE OF THE LLC WAS ERRONEOUSLY

MISSPELLED AS FINGUREPRINTING AND HUMAN RESOURCES

CONSULTING. THE PURPOSE SHALL BE:

FINGERPRINTING AND HUMAN RESOURCES CONSULTING.

**OR**

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

Dated: 6-16-09

  
Signature of a member or authorized representative of a member

GIOVANNI PROANO

Typed or printed name of signee

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

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

L09000057045  
FILED 8:00 AM  
June 11, 2009  
Sec. Of State  
Isellers

**Article I**

The name of the Limited Liability Company is:

MOBILE LIVESCAN SOLUTIONS, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

14202 SOUTHWEST 152 COURT  
MIAMI, FL. US 33196

The mailing address of the Limited Liability Company is:

14202 SOUTHWEST 152 COURT  
MIAMI, FL. US 33196

**Article III**

The purpose for which this Limited Liability Company is organized is:

FINGUREPRINTING AND HUMAN RESOURCES CONSULTING.

**Article IV**

The name and Florida street address of the registered agent is:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL. 32301

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: KIMBERLY B. MORET

**Article V**

The name and address of managing members/managers are:

Title: MGRM  
GIOVANNI PROANO  
14202 SOUTHWEST 152 COURT  
MIAMI, FL. 33196 US

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Signature of member or an authorized representative of a member

Signature: GIOVANNI PROANO