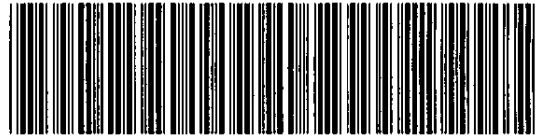


U90000671408



100159216781

08/06/09--01011--009 \*\*25.00

**FILED**  
09 AUG - 6 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\_\_\_\_\_  
(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

**D. BRUCE**

AUG 07 2009

**EXAMINER**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pico Pollo, 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:

Steven H. Osiason  
Name of Person

Steven H. Osiason, CPA, PLLC  
Firm/Company

3927 Venetian Way  
Address

Tampa, Fl. 33634-7491  
City/State and Zip Code

wilmingtonnunez@yahoo.com  
E-mail address: (to be used for future annual report notification)

**FILED**  
**09 AUG - 6 AM 11:43**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

For further information concerning this matter, please call:

Steven H. Osiason at ( 813 ) 240-8687  
Name of Person 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

**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:  
Pica Pollo, LLC

← correct spelling

**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: August 4, 2009

Wilmington Nunez  
Signature of a member or authorized representative of a member

Wilmington Nunez  
Typed or printed name of signee

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

**FILED**  
09 AUG -6 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

L09000071408  
FILED 8:00 AM  
July 24, 2009  
Sec. Of State  
ncausseaux

**Article I**

The name of the Limited Liability Company is:  
PICO POLLO, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
6001 - 66TH TERRACE NORTH  
PINELLAS PARK, FL. US 33781

The mailing address of the Limited Liability Company is:  
P.O. BOX 1163  
PINELLAS PARK, FL. US 33780

**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:  
WILMINGTON NUNEZ  
6001 - 66TH TERRACE NORTH  
PINELLAS PARK, FL. 33781

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: WILMINGTON NUNEZ

**Article V**

L09000071408  
FILED 8:00 AM  
July 24, 2009  
Sec. Of State  
ncausseaux

The name and address of managing members/managers are:

Title: MGRM  
WILMINGTON NUNEZ  
P.O. BOX 1163  
PINELLAS PARK, FL. 33780 US

Signature of member or an authorized representative of a member

Signature: WILMINGTON NUNEZ