

L12000069824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

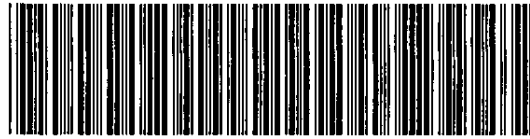
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2012 JUN -6 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUN -7 2012

EXAMINER



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EMERALD STAFFING 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:

MIGUEL PINO

Name of Person

EMERALD STAFFING LLC

Firm/Company

3150 SW 20TH STREET

Address

MIAMI FL 33145

City/State and Zip Code

DEEEYEWMS@AOL.COM

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

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2012 JUN -6 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DENNIS WILLIAMS

Name of Person

at ( 305 ) 409-9695

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 60 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:  
EMERALD STAFFING 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:  
REGISTERED AGENT APPEARS AS MICHAEL A PINO THE CORRECT NAME

IS MIGUEL PINO.

THE MGRM APPEARS AS MICHAEL A PINO - THE CORRECT NAME IS

MIGUEL PINO

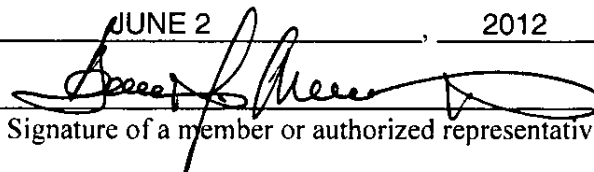
**OR**



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

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

Dated: JUNE 2, 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

DENNIS I WILLIAMS

Typed or printed name of signee

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

**FILED**  
2012 JUN -6 AM 11:03  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE



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

L12000069824  
FILED 8:00 AM  
May 15, 2012  
Sec. Of State  
jsaulsberry

**Article I**

The name of the Limited Liability Company is:  
EMERALD STAFFING LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
3150 SW 20TH STREET  
MIAMI, FL. 33145

The mailing address of the Limited Liability Company is:  
3150 SW 20TH STREET  
MIAMI, FL. 33145

**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:  
MICHAEL A PINO  
3150 SW 20TH STREET  
MIAMI, FL. 33145

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: MICHAEL A PINO

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2012 JUN -6 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
MICHAEL A PINO  
3150 SW 20TH STREET  
MIAMI, FL. 33145

L12000069824  
FILED 8:00 AM  
May 15, 2012  
Sec. Of State  
jsaulsberry

### **Article VI**

The effective date for this Limited Liability Company shall be:

05/10/2012

Signature of member or an authorized representative of a member

Electronic Signature: DENNIS I WILLIAMS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

FILED  
2012 JUN -6 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08/2003 05:41 54-987 00 FIRST STAFFING R 01  
**L120000069824**

Subject: **Corporate Filing 600235154836**

Date: Wednesday, May 23, 2012

From: Michael Pino  
3150 SW 20<sup>th</sup> Street  
Miami FL 33145

To: Registration Section  
Re Document W12000027084

The previously existing entity, Emerald Staffing Inc had the same principal (Michael Pino) as the entity being registered, Emerald Staffing LLC. They also have the same address.

Your records will reflect that Emerald Staffing Inc was dissolved on the 22nd of May inst.

I therefore request that the filing be completed.

RECEIVED  
12 MAY 24 AM 6:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2012 JUN -6 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2012 MAY 15 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

MAY 24 2012