

L16000071129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2016 MAY 27 P 5:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 31 2016

SWARREN



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 13, 2016

JAIME PARLADE
5975 SUNSET DRIVE #802
MIAMI, FL 33143

SUBJECT: MI ESMERALDA 302 LLC
Ref. Number: L16000071129

We have received your document for MI ESMERALDA 302 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 916A00010206

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MI ESMERALDA 302 LLC**

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

JAIME PARLADE

Name of Person

PARLADE & SCHAEFER CPA'S P.A.

Firm/Company

5975 SUNSET DRIVE #802

Address

MIAMI, FL 33143

City/State and Zip Code

JP@MDSGP.COM

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

For further information concerning this matter, please call:

JAIME PARLADE

Name of Person

305

Area Code

6700400

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

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

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: MI ESMERALDA 302 LLC

SECOND: The Florida Document number of the limited liability company is: L16000071129

THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION

(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:

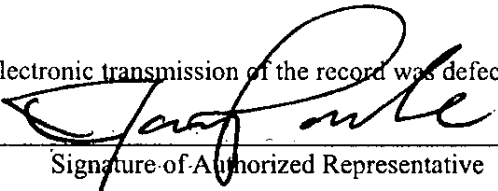
SEE ATTACHED STATEMENT

OR

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

OR

- ☐ The electronic transmission of the record was defective.

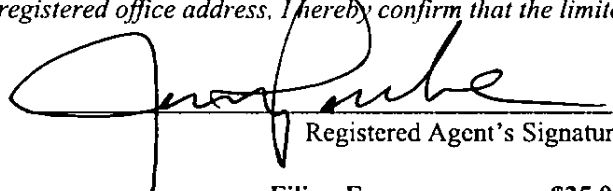

Signature of Authorized Representative

5/23/16
Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Registered Agent's Signature

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

MI ESMERALDA 302 LLC
DOC#: L16000071129

The following managers were omitted from original articles of organization.
Please add via this request the information below:

Title: MGR
Name: Dalia Ruiz
Address: 15901 Collins Ave # 504, Sunny Isles Beach, FL 33160

Title: MGR
Name: Iliana Jimenez Ruiz
Address: 15901 Collins Ave # 504, Sunny Isles Beach, FL 33160

Title: MGR
Name: Ivanna Jimenez Ruiz
Address: 15901 Collins Ave # 504, Sunny Isles Beach, FL 33160

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