

P090000070090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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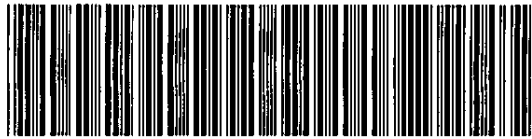
(Business Entity Name)

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*Artz Lou*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 21 AM 11:55

T Roberts SEP 23 2009

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Staffing Associates, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P09000070090

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

Please return all correspondence concerning this matter to the following:

Luis Gonzalez

Name of Contact Person

Staffing Associates, Inc.

Firm/Company

8719 SW 124 AV

Address

Miami, FL 33183

City/State and Zip Code

leonorgonzalez@comcast.net

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

For further information concerning this matter, please call:

Leonor Gonzalez

Name of Contact Person

at ( 305 ) 302 8735

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status &  
Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF CORRECTION

for

**Staffing Associates, Inc.**

Name of Corporation as currently filed with the Florida Dept. of State

**P09000070090**

Document Number (if known)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 21 AM 11:55

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Articles: II, V, VI, VII,  
(Document Type Being Corrected)

filed with the Department of State on August 20, 2009  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The address provided is incorrect - the number for the Avenue was incorrectly


Stated as 8719 SW 122 Av - Miami FI 33183

Correct the inaccuracy, incorrect statement, or defect:

The correct address for all the articles listed above should be

8719 SW 124 Av - Miami, FL 33183

The mistake was on the Avenue number

  
(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

**Luis Gonzalez**

(Typed or printed name of person signing)

**President**

(Title of person signing)

**Filing Fee: \$35.00**