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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 DEC 29 AM 10:57

EFFECTIVE DATE
Jan 1, 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2015

ANTHONY HENRY
1770 37TH AVE
MIAMI GARDENS, FL 33056 US

SUBJECT: "SECRETARIAL STAFFING STORE LLC"
Ref. Number: W15000080627

We have received your document for "SECRETARIAL STAFFING STORE LLC" and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document must be entitled Articles of Organization.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tina D Cannon
Regulatory Specialist II

Letter Number: 115A00026313

ARTICLES OF ORGANIZATION FOR
"SECRETARIAL STAFFING STORE LLC"

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ARTICLE I:

The name of the limited liability company is "SECRETARIAL STAFFING STORE LLC"

ARTICLE II:

The mailing address and the street address of the principal office of the limited liability company is : 5926 Thomas St. #16 Hollywood, FL. 33021

ARTICLE III:

The name and Florida street address of the limited liability company's registered agent :
Anthony Henry
17700 37th Ave.
Miami Gardens ,FL 33056

ARTICLE IV:

The name and address of each person authorized to manage and control the Limited Liability Company :

Ingrid Royer AMGR
Salisbury Dominica
WI

ARTICLE V:

The effective date is for beginning operations is January 1, 2016.

ACCEPTANCE BY REGISTERED AGENT

I Anthony Henry the above designated registered agent state that I am familiar with and accept the obligations of the position of registered agent for SECRETARIAL STAFFING STORE LLC" this 18 day of December 2015

I understand that I am swearing or affirming under oath to the truthfulness of the above Acceptance of the Position as Registered agent and that the punishment for knowingly making a false statement includes fines and/or imprisonment

Anthony Henry

Anthony Henry Dated: December 18,2015

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STATE OF FLORIDA
COUNTY OF BROWARD

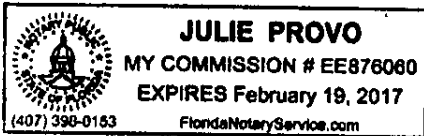
Sworn to or affirmed and signed before me on December 18, 2015 by Anthony Henry

Julie Provo

NOTARY PUBLIC or DEPUTY CLERK

Julie Provo

[Print, type, or stamp commissioned name of notary or clerk.]



- Personally known
- Produced identification
- _____ Type of identification produced

VERIFICATION

I understand that I am swearing or affirming under oath to the truthfulness of the above Articles of Organization and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Ingrid Royer

Signature of Party Ingrid Royer AMGR

Dated: December 18, 2015

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to or affirmed and signed before me on December 18, 2015 by Ingrid Royer

Julie Provo

NOTARY PUBLIC or DEPUTY CLERK

Julie Provo

[Print, type, or stamp commissioned name of notary or clerk.]

Personally known

Produced identification

Type of identification produced



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