# L21000069688

Office Use Only



100360434941

21 PER 18 PH 12: 31

2021 FEB 18 AH 8: 49
SECRETARY OF STATE

2021 FEB 18 AH 8:

### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

## incserv<sup>o</sup>

#### **ORDER FORM**

**TO** Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM ; Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST_DATE	2/18/2021
--------------	-----------

**PRIORITY** Routine

OUR REF\_#\_(Order\_ID#)] 893430

ORDER ENTITY\_\_\_\_

TORCHLITE STAFFING GROUP, LLC

											***	 	 	 	-
ĎΙ	LEASE PERFORM TH	EŢŖ	OI	L	Ŋ۷	٧J	N	SEF	<b>I</b> ŽY	CES	:	 	 	 	
	<b>TORCHLITE STAFFI</b>														

Please file the attached and provide a certified copy.

		_		
NOTES:				
\$155.00 Authorized				
Email address for annual report	<b>im@weinber! اِن</b>	gpc:com	). >	

#### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, February 18, 2021

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANDED FEB 18 AM 8: 49

A	RΊ	П	C	L.E.	Ī	_ 1	No	me:

OF STATE SEE, FL

The name of the Limited Liability Company is:	SECRETARY C TALLAHASS
TORCHLITE STAFFING GROUP, LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of t	he Limited Liability Company is:
Principal Office Address:	Mailing Address:
1312 W LAMBRIGHT STREET	1312 W LAMBRIGHT STREET
TAMPA, FLORIDA 33604	TAMPA, FLORIDA 33604
ARTICLE III - Registered Agent, Registered Office, & Regis (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	tered Agent's Signature: ed Agent. You must designate an individual or

The name and the Florida street address of the registered agent are:

**CHANTE HAMILTON** Name 1312 W LAMBRIGHT STREET Florida street address (P.O. Box NOT acceptable) FLORIDA 33604 City State Zip

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 as provided for in Chapter 605, F.S..

(CONTINUED)

Chante Hamilton
Registered Agent's Signature (REQUIRED)

Á	D	1.1	CI	r	$\mathbf{I}\mathbf{V}_{-}$

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

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
AMBR	CHANTE HAMILTON 1312 W LAMBRIGHT STREET TAMPA, FL 33604	
AMBR	ALFREDO WILLIAMS  14930 ETOWAH STREET  WINTER GARDEN, FLORIDA 34787	2021 FEB 18
	SERE, FU	₩ 8: <b>49</b>
(Use attachment if necessary)		
(If an effective date is listed, the date must be s the date of filing.)	ate of filing:	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	Lavrence a Kirch	
This document is exec	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. Use information submitted in a document to the Department of Statutes.	

I am aware that any 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.

LAWRENCE A. KIRSCH

Typed or printed name of signee

#### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)