

Division of Corporations

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Florida Department of State

Division of Corporations

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To:

Division of Corporations

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From:

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL P.

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LIMITED LIABILITY COMPANY

Equitable Employee Manuals, L.L.C.

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF
EQUITABLE EMPLOYEE MANUALS, L.L.C.,
a Florida Limited Liability Company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME. The name of the Limited Liability Company is EQUITABLE EMPLOYEE MANUALS, L.L.C. (the "Company").
2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address for the Company is: 2875 South University Drive, Davie, Florida 33328.
3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Vernon Pain, 2875 South University Drive, Davie, Florida 33328.
4. MANAGEMENT. The Company is to be manager managed.

The undersigned has executed these Articles of Organization on the 6th day of November, 2000.

By: 

Vernon Pain, Member

3000 LAKE OF STARS
TALLAHASSEE, FLORIDA

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**CERTIFICATION OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **EQUITABLE EMPLOYEE MANUALS, L.L.C.**
2. The name and address of the registered agent and office is:

Vernon Pain
2875 South University Drive
Davie, Florida 33328

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 its 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.



Vernon Pain, Registered Agent

11.06.00
(Date)

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