

**L01000004783**

Requestor's Name  
2151 W. Hillsboro Blvd Suite 201  
Address  
Deerfield Beach, Fl. 33442  
City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) **500003831305**
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) **03/12/01 01125 007**
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) **\*\* \$100.00**

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

FILED  
01 MAR 27 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**500003831305--7**  
-03/28/01--01003--010  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

**L01-4783**  
*OR*

Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 15, 2001

HUMAN RESOURCE PARTNERS  
2151 W. HILLSBORO BLVD., SUITE 201  
DEERFIELD BEACH, FL 33442

SUBJECT: HUMAN RESOURCE PARTNERS, LLC  
Ref. Number: W01000005874

We have received your document for HUMAN RESOURCE PARTNERS, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the 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) 487-6020.

Tammi Cline  
Document Specialist

Letter Number: 501A00015829

FILED  
01 MAR 27 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Human Resource Partners, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

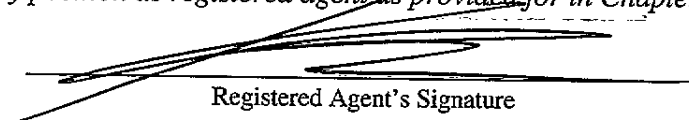
2151 W. Hillsboro Blvd., Suite 201  
Deerfield Beach, FL 33442

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Ken Heideger  
Name  
9547 E. Lake Dr.  
Florida street address (P.O. Box **NOT** acceptable)  
Boca Raton, FL 33434  
City, State, and 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 608, F.S..*

  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Ken Heideger  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ken Heideger  
Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

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01 MAR 27 PM 5:00  
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TALLAHASSEE, FLORIDA