## 2 4110 Oat Pointe Diffe Gulf Bleze, FL 3213 OOO 6 3 2 2 EJT RECRUITERS, INC.

City/State/Zip Phone #

800005797408--5 -06/17/02--01078--009 \*\*\*\*125.00 \*\*\*\*125.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):		
1. EJT ENTERPRI (Corporation Name)	SES LLC (Document#)	
2. (Corporation Name)	W62-17404 (Document #)	· · · · · · · · · · · · · · · · · · ·
3(Corporation Name)	(Document #)	
4(Corporation Name)	(Document #)	C6/28
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Certified Copy  Photocopy Certificate of Status  AMENDMENTS	SECRET
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	(C)****(T)
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement	- p

Trademark Other

CR2E031(7/97)

**Examiner's Initials** 



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 18, 2002

EJT RECRUITERS, INC. 4110 OAK POINTE DRIVE GULF BREEZE, FL 32563

SUBJECT: EJT RECRUITERS, INC.

Ref. Number: W02000017604

We have received your document for EJT RECRUITERS, INC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must provide the mailing address and street address in Article II, and a member or representative must sign in Article IV.

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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 802A00039451

## 

Florida street address (P.O. Box NOT acceptable)

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, ES.

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)

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.)

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)