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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	.
1 Copies	_ Certificates	of Status
al Instructions to	Filing Officer:	<u> </u>

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ALLAHASSEE, TLORIDA

J. BRWAN DEC . 9 2004

TRANSMITTAL LETTER

TO: Registration S Division of Co			
SUBJECT: Prop	ath Employment S	olutions "LLC"	
	(Name of Limite	d Liability Company)	700
			A. Ho
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.	LA STATE OF THE ST
Please return all corres	pondence concerning this matte	er to the following:	
<u>Kell</u>	y Dominguez	Name of Person)	2004 DEC -2 FILL RATIONS
Pro Path	Employment Sold	itions "LLC"	
	(Firm/Company)	
	llywood, FLor	- Cla 33021 State and Zip Code)	
For further information	concerning this matter, please	call:	
Kelly Dominge (Nam	e of Person)	at (elephone Number)
Enclosed is a check f	or the following amount:		
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis	EET ADDRESS: tration Section ion of Corporations Gaines Street	MAILING A Registration S Division of C P.O. Box 632	Section orporations

Tallahassee, Florida 32399

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLE I - Name: The name of the Limited Liability Company is: Pro Path Employment Solutions "LLC" ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address:

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

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

4600 Sheildan Street Suite 400

Name

9389 NW SYTH STY-cet

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

Suntise FL 33351

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..

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRA" = Manager	Name and Address:
"MGRM" = Managing Member	. ريار رياد د المار
MGR	Kelly Dominguaz 9389 NW Syth Street Sunnse, FL 33351 Kimberly Atchison
MGR	8761 Hollycourt Apt 201 FT 7
MGR	Kerth Atchison BE NO HOLLY FL 33319
(Use attachment if necessary)	

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

Kelly Dominguez
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)