# 10500012322

(Requestor's Name)		
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	ic
Office Use Only		



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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: Hire Image LLC

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Christine M. Cunneen, CPA 15 Homeland Street Johnston, RI 02919

For further information concerning this matter, please call: Christine M. Cunneen at (401) 270-7734

Enclosed is a check for the following amount:

XX \$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \$\Bigcup \\$155.00 Filing Fee & \$\Bigcup \\$160.00 Filing Fee Certificate of Status & Certified Copy

Certified Copy

STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section

Division of Corporations

Division of Corporations

409 E. Gaines Street P.O. Box 6327
Tallahassee,Florida 32399
Tallahassee,Florida32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is: Hire Image 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:

440 East Sample Road Suite 204 Pompano Beach, FL 33064

440 East Sample Road Suite 204 Pompano Beach, FL 33064

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

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

Michael Tomlinson 440 East Sample Rd, 204 Pompano Beach, FL 33064

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

(CONTINUED) Page 1 of 2 05 JAN 31 PM 1:52

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Thomas J. Tomlinson 440 Sample Road, 204 Pompano Beach, FL 33064

**MGR** 

Christine M. Cunneen 15 Homeland Street Johnston, RI 02919

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.)

#### Thomas J. Tomlinson

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)