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(Requestor's Name)		
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY UT STATE
ANASSEE, FLORIDA

TRANSMITTAL LETTER

SUBJECT:	- -	ening Authority, LLC l Liability Company)	
	(Time of Limite	Duomy company)	
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
3		en E. Murphy Jame of Person)	
	(1)	ame of Person)	
	F		
		ent Screening Authority Firm/Company)	
	(r	'irm/Company)	
	1814 Wa	ood Stock Circle	
·		(Address)	
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			AR & T
	· · · · · · · · · · · · · · · · · · ·	Springs, Florida 34689	N-8 HASS
	(City/)	State and Zip Code)	SSER 8
			To B
For further information	concerning this matter, please	call:	AH 7:3
		040 /	물을 3
		at (727) 942-3	i Trans
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check fo	or the following amount:		
☑ \$125.00 Filing Fee	☐ \$130.00 Filing Fee &	☐ \$155.00 Filing Fee &	☐ \$160.00 Filing Fee,
E 9123,00 Pining FCC	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)

Registration Section Division of Corporations

TO:

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	ny is:
Employment Screening Authority,	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:
1814 Wood Stock Circle	1814 Wood Stock Circle
Tarpon Springs Florida, 34689	Tarpon Springs, Florida 34689
	Taipon Ophings, Florida 04000
ARTICLE III - Registered Agent, Regis	stered Office, & Registered Agent's Signature
The name and the Florida street address of	
Helen E	. Murphy
	Name Try OFF
1814 Woo	od Stock Circle
Florida str	eet address (P.O. Box NOT acceptable)
Tarpon Sprin	gs, _{FL} 34689
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

(CONTINUED)

The name and address of each Manager	or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
	Holon E. Millerhy
MGR	Helen E. Murphy 1814 Wood Stock Circle
	Tarpon Springs, Florida 34689
	-
 	
(Use attachment if necessary)	Angels Marie Months
(Coo attaches is incooping)	Ac S
NOTE: An additional article must be	added if an effective date is requested S
REQUIRED SIGNATURE:	ASSS ASS
	97
Signature of a member o	r an authorized representative of a member. 2 3
(In accordance with section	n 608.408(3), Florida Statutes, the execution
of this document constitut that the facts stated here	es an affirmation under the penalties of perjury
	E. MURPHY

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)

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

\$ 5.00 Certificate of Status (Optional)