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## TRANSMITTAL LETTER

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TO:

Registration Section Division of Corporations

2005 JUN 27 P 1: 39

SUBJECT: Human Resources Professionals. LLC (Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Deborah J. Sutton (Name of Person) HR Pro (Firm/Company) 2909 112th Terrace E (Address) Parrish, Fl 34219 (City/State and Zip Code) For further information concerning this matter, please call:

Enclosed is a check for the following amount:

(Name of Person)

Deborah Sutton

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)

STREET ADDRESS:

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

(Area Code & Daytime Telephone Number)

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

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ARTICLE I - Name: The name of the Limited Liability C	SECRETARY OF TALLAHASSEE, F.
Human Psource Professionals, LLC	
ARTICLE II - Address: The mailing address and street address	ess of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2909 112th Terrace E Parrish, FI 34219	(same)
o o	Registered Office, & Registered Agent's Signature:
The name and the Florida street add  Deborah J. Suttor	
Name	
2909 112th Terra	ce E
Flo	rida street address (P.O. Box NOT acceptable)
Parrish, FL 3421	<u>+ +</u>
	City, State, and Zip
liability company at the place de registered agent and agree to act in	gent and to accept service of process for the above stated limited signated in this certificate, I hereby accept the appointment as this capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and

(CONTINUED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

gr SA/P

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" Managing Member Deborah Sutten (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.) Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation

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2005 JUN 27 P 1

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)