

LO60000006471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

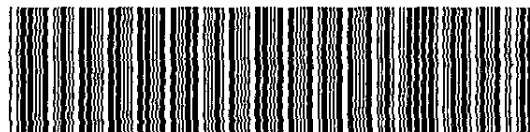
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200063506962

01/13/06--01023--016 **160.00

FILED
05 JAN 13 PM 1:19
SECRET
TALLAHASSEE
FLORIDA
STATE

1/19
chess

COVER LETTER

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

SUBJECT: Employer Resource Solutions, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rudy Chancon
Employer Resource Solutions, LLC
4521 PGA Blvd.
Suite 200
Palm Beach Gardens, FL 33418

For further information concerning this matter, please call:

Rudy Chancon at 561-762-3783

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

FILED
05 JAN 13 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Employer Resource Solutions, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

**4521 PGA Blvd.
Suite 200
Palm Beach Gardens, FL 33418**

Mailing Address:

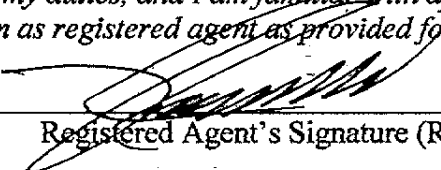
**4521 PGA Blvd.
Suite 200
Palm Beach Gardens, FL 33418**

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

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

**Rudy Chancon
122 1st Terrace
Palm Beach Gardens, FL 33418**

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 (REQUIRED)

RECEIVED
CLERK OF STATE
TALLAHASSEE, FLORIDA

05 JAN 13 PM 1:19

FILED

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

**Consulting Partners Network, Inc.
15658 Jupiter Farms Rd.
Jupiter, FL 33478**

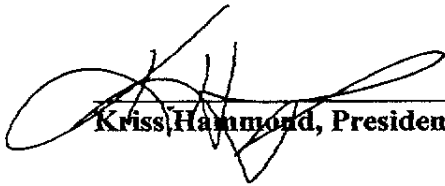
ARTICLE V:

The type of limited liability company is as follows:

Employer Resource Solutions, LLC is a manager managed limited liability company.

REQUIRED SIGNATURE:

(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.)



Kriss Hammond, President of Consulting Partners Network, Inc., Sole Manager

SECRET
OFFICE OF THE
ATTORNEY GENERAL
FLORIDA

05 JAN 13 PM 1:19

FILED