## Florida Department of State

Division of Corporations Public Access System

## Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H06000076480 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Fro	oin:			
			: HUBCO : 104662003400 : (516)935-3940	
	Fax Nur	nber	: (516)935-3088	
·	··	· · · · · · · · · · · · · · · · · · ·		
ı Iğ	ORID	A/FO	REIGN LIMI	TED LIABI
	ORID	A/FO	REIGN LIMI rida Employer Co	TED LIABI
OF CARPORATION	EORID	A/FO	REIGN LIMI rida Employer Cor ate of Status	TED LIABI
NA OF CORPORAL	ORID	A/FO	REIGN LIMI rida Employer Cor ate of Status d Copy	TED LIABI
ELICA OF CORPORATION	EORID	Flor Certifica Certified Page Co	REIGN LIMI rida Employer Cor ate of Status d Copy ount ed Charge	TED LIABI

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Florida Employer Consulting, 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:	
1561 Amanda Street	1561 Amanda Street	
Hollywood, FL 33020	Hollywood, FL 33020	
ARTICLE III - Registered Agent, Registered The name and Florida street address of the registered agent  Jack Beva	nt are:	G6 MAR 22 AM 9: 53 SECRETARY OF STATE TALLAHASSEE, FLORIDA
1561 Amai	nda Street	
(P.O. B	lox or Mail Drop Box <u>NOT</u> Acceptable)	
Hollywood	I, FL 33020	
	(City / State / 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 - Jack Bevan

<del></del>	(s) or Managing Member(s):  Manager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	Jack Bevan- 1561 Amanda Street, Hollywood, FL 33020
(Use attachment if necessary)	
REQUIRED SIGNATURE:	Jack Bruan
( In acco docume	rdance with section 608.408(3), Florida Statutes, the execution of this at constitutes an affirmation under the penalties of perjury that the facts:  Jack Bevan
	Jack Bevan 55 5
	Typed or printed name of signee

4 17 b