

LO7000047637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

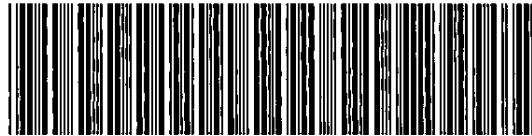
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 MAY -4 AM 9:59
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SUFFICIENCY OF FILING

FILED
07 MAY -4 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ECFS

EXPRESS CORPORATE FILING SERVICE, INC
1000 PONCE DE LEON BLVD., STE: 101
CORAL GABLES, FL 33134
PH: (305)444-4994 FAX: (305)444-4977

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. INTERNATIONAL HOSPITALITY RECRUITMENT
(Corporation Name) (Document #)
2. AND TRAINING, LLC
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I- Name:

The name of the Limited Liability Company is:
International Hospitality Recruitment and Training, LLC

ARTICLE II – Address:

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

Principal Office Address:

7124 Bay Drive # 7, Miami Beach, Fl 33141

Mailing Address:

Same

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's

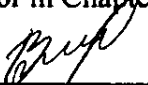
Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration)

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

Vladimir Mirchev

7124 Bay Drive # 7
Miami Beach, Fl 33141

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)

ARTICLE IV – Manager(s) or Managing Member(s)

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TALLAHASSEE, FLORIDA

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

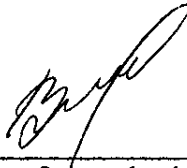
Title:

Name and Address:

MGRM

Vladimir Mirchev
7124 Bay Drive # 7
Miami Beach, FL 33141


REQUIRED SIGNATURE:



Signature of a member of 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.

Vladimir Mirchev


SWORN BEFORE ME
MAY 3, 2017
NOTARY PUBLIC-STATE OF FLORIDA
Juan Taboada
Commission # DD461873
Expires: SEP 29, 2009
Bonded Thru Atlantic Bonding Co., Inc.