## 107000120404

(Requestor's Name) (Address)	200112609142
(Address)  (City/State/Zip/Phone #)	200112000112
PICK-UP WAIT MAIL	
(Business Entity Name)	12/03/0701027016 **155.00
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## **COVER LETTER**

- ,--

TO: Registration Section Division of Corporations	
SUBJECT: The Job XChange (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:	
MARIANNE QUINONES (Name of Person)	
The Job Xchange	
— 2174 MISTY WAY LANK	
Melbourne, FL 32935 (City/State and Zip Code)	
For further information concerning this matter, please call:	
MACIANNE QUINONES at (321) 704-1204 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$ Certified Copy (additional copy is enclosed) \$\bigcup \\$ Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
The Job Xchange LLC  (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: Mailing Address:		
2174 MISTY WAY LANC MEL BOURNE, FU 32935 MELBOURNE, FL 32935		
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:		
MAVIANNE QUINONES 50 百		
Name		
Name  Name  A 174 Mi Stry WAY LANK  Florida street address (P.O. Box NOT acceptable)		
YY) EL BOURNEY 32935		
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 (REQUIRED)

(CONTINUED) Page 1 of 2

*	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRAM	DENNIS QUINONES  2102 Ubodfield Circle  MCLBOURNE, FL 32901
MGRM	CIRCO QUALIZZA 1837 KCYSTONC Ld OCLAND PARK, IL 60442
MARM	STCVC QUALIZZA  7555 W. PONDEROSA COURT  OFLAND PACK, IL GOYGE
MGR	
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date	e of filing: 12/01/07 (OPTIONAL) Projectific and cannot be more than five business days project.
ARTICLE V: Effective date, if other than the date of filing: 12 01 07 . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days proper to or 90 days after the date of filing.)	
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

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)

that the facts stated herein are true.)

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

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

\$ 5.00 Certificate of Status (Optional)