

LD8000031114

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(Address)

(Address)

(City/State/Zip/Phone #)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 26 AM 10:37

T. HAMPTON

MAR 27 2008

EXAMINER

LD8-10320

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zion Employment solution/ orlando staffing ^{old name}
(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:

Neville Long
(Name of Person)

Zion Employment solution
(Firm/Company)

2. South Lakewood Dr
(Address)

Orlando, Florida 32803
(City/State and Zip Code)

For further information concerning this matter, please call:

Neville Long at (407) 625-1485
(Name of Person) (Area Code & Daytime Telephone Number)

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 (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 MAR 26 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 12, 2008

NEVILLE LONG
2 S LAKEWOOD DR
ORLANDO, FL 32803

SUBJECT: ZION EMPLOYMENT SOLUTIONS, LLC
Ref. Number: W08000013020

We have received your document for ZION EMPLOYMENT SOLUTIONS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$100.00.

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY AMENDMENT, but your entity is a FLORIDA LIMITED LIABILITY COMPANY ARTICLES OF ORGANIZATION. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 908A00015152

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Zion Employment Solution, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

2. south Lakewood Dr
Orlando, FL 32803

Mailing Address:

2. south Lakewood Dr
Orlando, FL 32803

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:

Renata Danner

Name

2. south lakewood Dr

Florida street address (P.O. Box **NOT** acceptable)

Orlando FL 32803

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..

Renata K. Danner
Registered Agent's Signature (REQUIRED)

FEI #

26-1958336

(CONTINUED)

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DIVISION OF CORPORATIONS

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

Neville Long
3. South Lake Wood Dr
32803

MGRM


Radrick Grier
10206 Oak Crest Rd
32829

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior 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 that the facts stated herein are true.)

Neville Long

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)