

**L08000041997**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

Write Image Resumes, LLC

Certificate of Status	0
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**D. BRUCE**

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**EXAMINER**

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

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

WRITE IMAGE RESUMES, LLC

**ARTICLE II ADDRESS**

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

12103 CYPRESS HOLLOW PLACE

TAMPA, FLORIDA 33624

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

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

ALEXANDRA SCHWIDERSKI

12103 CYPRESS HOLLOW PLACE

TAMPA, FLORIDA 33624

Having been named as registered agent 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..



ALEXANDRA SCHWIDERSKI / Registered Agent's signature

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**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER:

ALEXANDRA SCHWIDERSKI  
12103 CYPRESS HOLLOW PLACE  
TAMPA, FLORIDA 33624

MANAGING MEMBER:

TODD SCHWIDERSKI  
12103 CYPRESS HOLLOW PLACE  
TAMPA, FLORIDA 33624

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x Alexandroski

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.

ALEXANDRA SCHWIDERSKI

Typed or printed name of signee