

L090WW97825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

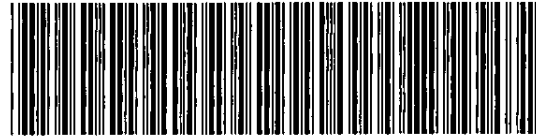
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

OCT - 9 2009

EXAMINER

FILED
09 OCT -9 PM 4:12
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 10/09/09

REF. #: 001288.112817

CORP. NAME: SUPERIOR RECRUITING, LLC

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT - 9 PM 4:12

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 532113 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION

FOR

SUPERIOR RECRUITING, LLC

The undersigned hereby forms a limited liability company pursuant to Chapter 608, Florida Statutes.

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DIVISION OF CORPORATIONS
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ARTICLE I - NAME

The name of the limited liability company is Superior Recruiting, LLC.

ARTICLE II - ADDRESS

The street address of the principal office of the limited liability company is 6815 Big Cypress Way, Tampa, FL 33625, and the mailing address of the limited liability company is 6815 Big Cypress Way, Tampa, FL 33625.

ARTICLE V - MEMBER(S)/MANAGER(S)

The initial member(s) and/or manager(s) of the Limited Liability Company are:

Lisa Wheat, Member & Director
6815 Big Cypress Way
Tampa, FL 33625

Nancy Darmstedter, Member & Director
6815 Big Cypress Way
Tampa, FL 33625

ARTICLE III - REGISTERED AGENT.
REGISTERED OFFICE & REGISTERED AGENTS SIGNATURE

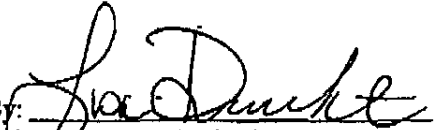
The name and the Florida street address of the registered agent are:

Lisa Wheat
6815 Big Cypress Way
Tampa, FL 33625

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.

By: 
Its Agent: Lisa Wheat

(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 herein are true.)

By: 
Lisa Wheat, Authorized Representative