## L09000/03580

(Re	equestor's Name)
(Ac	ddress)
•	•
(AC	ddress)
(Ci	ity/State/Zip/Phone #)
	_
PICK-UP	WAIT MAIL
(Bı	usiness Entity Name)
(50	Joiness Entry Name,
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	A 11111-
	A. LUNT
	OCT 27 2009
	EXAMINE
<del></del>	

Office Use Only



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10/26/09--01025--013 \*\*160.00

SEGRETARY OF STATE TALLAHASSEE, FLORIDA

to a Carron asset

## **COVER LETTER**

TO:

**Registration Section** 

Division of C	orporations		
SUBJECT:	Strategic H	IR Management, LLC	
	Name of Limited	Liability Company	
The enclosed Articles	of Organization and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		A. Vance, Ph.D.	
	N	lame of Person	
	Strategic	HR Management	
<del></del>	•	Firm/Company	200 SE
	11408	Crisfield Place	CAR CAR OO
		Address	2009 OCT 26 SEGREJARY ALLAHASSI
	New Port	: Richey, FL 34654	PH.
<del></del>		State and Zip Code	
	CVance	hrdirections.com future annual report notification)	<u> </u>
For further information	n concerning this matter, please of	•	
	ol A. Vance	at ( <u>813</u> ) 495-0 Area Code & Daytime Telephone	
Nam	e 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	Certified Copy Cert (additional copy is enclosed) Cert	0.00 Filing Fee, tificate of Status & tified Copy litional 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	

TEUD

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compan	y is:
Strategic HR Ma (Must end with the words "Limited	anagement, LLC Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11408 Crisfield Place New Port Richey, Florida 34654	11408 Crisfield Place New Port Richey, Florida 34654
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of   Carol A.  11408 C	Vance, Ph.D. Name  Crisfield Place  ARE JARY OF PH.  Crisfield Place
	(P.O. Box NOT acceptable)
New Port Richey, 3-	4654 FL Single Villate, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	ad to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(CONTINUED)

## Page 1 of 2

The name and address of each Manager  Title:  "MGR" = Manager  "MGRM" = Managing Member	Name and Address:	
MGR	11408 Crisfield Place New Port Richey, Florida 34654	
		21
	TO ACT	<b>9 1</b>
	SSEC	26 PH
(Use attachment if necessary)	LORIO LORIO	1: 55
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be s to or 90 days after the date of filing.)	ate of filing: (OPTION specific and cannot be more than five business d	
REQUIRED SIGNATURE:	not Mance	
(In accordance with section	or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury n are true.)	

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)

Carol A. Vance
Typed or printed name of signee