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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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JAN 1 3 2010

EXAMINER

COVER LETTER

Division of C			
SUBJECT:	International Re	cruitment and Staffi	ing Agency
	Name of Limi	ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	10 JAN 12 AT
		Henry Sison	2
		Name of Person	3
	International Recru	itment and Staffing Age	ency LLC.
		Firm/Company	
	1671	8 Woodbery Way	
		Address	
	Clern	nont Florida 34714	
	Ci	ty/State and Zip Code	
	ssise	on14@yahoo.com	
For further information	n concerning this matter, pleas	for future annual report notificati e call:	(on)
	elly Sison	at (407)	506 3366
Nam	e of Person	Area Code & Daytime	e 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 Add Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	ations nter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited	d Liability Company is:		
		Staffing Agency LL ty Company," "L.L.C.," or "LLC	
ARTICLE II - Address The mailing address and		ncipal office of the Limit	ed Liability Company is:
Principal Office Addre	<u>:55:</u>	Mailing Address:	
**************************************		16718 Woodbyerry V Clermont Florida 347	
ARTICLE III - Registe (The Limited Liability Company business entity with an active F	cannot serve as its own Register	Office, & Registered Agered Agent. You must designate a	gent's Signature: n individual or another
The name and the Florid	la street address of the re	egistered agent are:	JIVISI 10
	Henry Si	ison	₩ 9E
	Name		10 JAN 12
	16718 Woodby	erry Way	A POS
	Florida street address (P.O.		A CORP
	Clermont 34714	FL	116% 116%
	City, State, an	d Zip	- 0.

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

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managi	y Member
MGR	Henry Sison
	16718 Woodberry way
	Clermont Florida 34714
MGRM	Shelly Sison
	16718 Woodberry way
	Clermont Florida 34714
(Use attachment if n	essary)
CLE V: Effective date	if other than the date of filing: (OPTIONAL)
	he date must be specific and cannot be more than five business days prio
REQUIRED SIGN.	
REQUIRED SIGN	TORE.
Sig	ature of a member or an authorized representative of a member.
of	execution 608.408(3), Florida Statutes, the execution is document constitutes an affirmation under the penalties of perjury the facts stated herein are true.)
	Henry Sison
	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)\$ 5.00 Certificate of Status (Optional)