# 110000010308

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



300166949423

300166949423 01/27/10--01029--001 \*\*130.00

FILED

10 JAN 27 PH 1: 10

SECRETARY OF STATE
ALLAHASSEE, FINGEN

D. BRUCE

JAN 28 2010

EXAMINER

## **COVER LETTER**

TO:	Registration Division of C				
SUBJE	CT:	STAR R	ecruiting Service	LLC	
DUDGE			ed Liability Company		
The en	closed Articles	of Organization and fee(s) are	submitted for filing.		
Please	return all corres	spondence concerning this matt	er to the following:		
		C	hris J Swezey		
			Name of Person		
		STAR Re	ecruiting Service LL	.C	
			Firm/Company		
	10234 Shady Drive				
			Address		JAN 27 CRETAR
		Hu	dson, Fl 34669		JAN 27 PF
			y/State and Zip Code		
		cjl	dsp@msn.com		ST :
For fur	ther information	E-mail address: (to be used in concerning this matter, please		fication)	O TE
	Ch	ria Swazav	727	056 0303	
		ris Swezey e of Person		856-8383 ytime Telephone Numb	
Enclos	sed is a check t	for the following amount:			
<b>]\$</b> 125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee Certified Copy (additional copy is end	Certifica closed) Certified	Filing Fee, te of Status & I Copy I copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Registration Set Division of Courier Clifton Buildin	ction rporations	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lin	e: nited Liability Company is:		
(Mus	STAR Recruiting Set end with the words "Limited Liability	ervice LLC Company," "L.L.C.," or "	LLC.")
ARTICLE II - Add		' 1 00 Cd 1	tuis II taliis Company in
The mailing address	and street address of the prin		imited Liability Company is:
Principal Office Ac	<u>ldress:</u>	Mailing Address:	
Chris Swezey		10234 Shady Dr. I	Hudson, FL34669
(The Limited Liability Cor business entity with an ac	gistered Agent, Registered of the registration.)  lorida street address of the registration.  Chris Swe	ed Agent. You must design gistered agent are:	ate an individual or another
-	Name	32.6 <b>y</b>	
	10234 Shad		N27
	Florida street address (P.O. E	Box NOT acceptable)	<u> </u>
-	Hudson, FI 34669 City, State, and	FL	- Logs - <b>D</b>
liability compan registered agent an statutes relating to	d as registered agent and to ac y at the place designated in th d agree to act in this capacity. o the proper and complete per ations of my position as regist	ccept service of proce, is certificate, I hereby I further agree to co formance of my duties	mply with the provisions of all s, and I am familiar with and

(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:

MGR	Chris J. Swezey
<u></u>	Chris J. Swezev
	10234 Shady Dr
	Hudson, Fl 34669
	<del></del>
	- <del></del>
Jse attachment if necessary)	
,,	
E V: Effective date, if other than the	date of filing: (OPTIONAL)
E V: Effective date, if other than the ective date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
E V: Effective date, if other than the ective date is listed, the date must be ays after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
ective date is listed, the date must be ays after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
ective date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
ective date is listed, the date must be ays after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
extive date is listed, the date must be lays after the date of filing.)  EQUIRED SIGNATURE:	e specific and cannot be more than five business days prior
extive date is listed, the date must be lays after the date of filing.)  EQUIRED SIGNATURE:	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior  or an authorized representative of a member.
extive date is listed, the date must be ays after the date of filing.)  EQUIRED SIGNATURE:  Signature of a member	e specific and cannot be more than five business days prior
EQUIRED SIGNATURE:  Signature of a member of this document const	e specific and cannot be more than five business days prior
extive date is listed, the date must be ays after the date of filing.)  EQUIRED SIGNATURE:  Signature of a member (In accordance with secondance)	e specific and cannot be more than five business days prior
EQUIRED SIGNATURE:  Signature of a member of this document constitute the facts stated her	e specific and cannot be more than five business days prior  or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury AND SSR Chris. I Swezey
EQUIRED SIGNATURE:  Signature of a member of this document constitute facts stated her	e specific and cannot be more than five business days prior  or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution intuities an affirmation under the penalties of perjury 27 Prior 27 Prior 28 Pri
EQUIRED SIGNATURE:  Signature of a member of this document constitute the facts stated her	e specific and cannot be more than five business days prior  or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury AND SSR Chris. I Swezey

\$ 5.00 Certificate of Status (Optional)