# 10000/125/5

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FILED 10 OCT 27 PM 12: 40 SECRETARY OF STATE SECRETARY OF STATE

J. BRYAN

OCT 28 2010

**EXAMINER** 

# **COVER LETTER**

	ation Section n of Corporations
SUBJECT: N	ational Employee Screening Services, LLC
	Name of Limited Liability Company
The enclosed Art	ticles of Organization and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
Alan	Murphy
	Name of Person
Natio	nal Employee Screening Services
<del></del>	Firm/Company = 7
51 N	E 42 St  Address  Address  FLORIDA 22427
	Address
Miami,	Florida 33137
<del></del>	City/State and Zip Code
ар23ар	o@gmail.com
<del> </del>	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
Alan Murphy	at ( )
	Name of Person Area Code & Daytime Telephone Number
Enclosed is a cli	neck for the following amount:
\$125.00 Filing Fe	cee \$\int_\$130.00 Filing Fee & \$\int_\$\$155.00 Filing Fee & \$\int_\$\$160.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional 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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# National Employee Screening Services, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE H - Address:

The mailing address and street address of the principal office of the Limited Liability Com

Principal Office Address:	Mailing Address:
Alan Murphy	Alan Murphy
51 NE 42 St	51 NE 42 St
Miami, Florida 33137	Miami, Florida 33137

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Alan Mu	ırpny
	Name
51 NE	42 St
	Florida street address (P.O. Box NOT acceptable)
Miami	<sub>FL</sub> 33137
	City, State, and Zip

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

<u>Title:</u> "MGR" = Manage "MGRM" = Mana		Name and Address:	
MGR		Alan Murphy 51 NE 42 St Miami, Florida 33137	SECRETARY OF
	_		FLORIOF
	_		
(Use attachment if	`necessary)		
LE V: Effective da fective date is liste days after the dat	ate, if other than the ed, the date must be of filing.)	date of filing:e specific and cannot be more th	
LE V: Effective da fective date is liste days after the dat REQUIRED SIG	ate, if other than the ed, the date must be of filing.)	e specific and cannot be more the	an five business day
fective date is listed days after the date the date of	nate, if other than the ed, the date must be of filing.)  NATURE:  Signature of a member dance with section 608 es an affirmation unde are that any false infort	e specific and cannot be more the	an five business day a member. of this document tated herein are true.
LE V: Effective da fective date is listed days after the dat REQUIRED SIG (In accordance)	NATURE:  Signature of a member an affirmation under that any false informers a third degree felony.  Alan Murphy	e specific and cannot be more the specific and cannot be more the specific and cannot be more that the facts of the penalties of perjury that the facts specified in a document to the facts of the specific as provided for in s.817.155, F.S.)	an five business day a member. of this document tated herein are true.
LE V: Effective da fective date is listed days after the dat REQUIRED SIG (In accordance)	NATURE:  Signature of a member an affirmation under that any false informers a third degree felony.  Alan Murphy	e specific and cannot be more the specific and cannot be more the specific and cannot be more that the facts of the penalties of perjury that the facts specific submitted in a document to the I	an five business day a member. of this document tated herein are true.