

Division of Corporations

Page 1 of 2

L11000012830

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000025492 3)))



H110000254923ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : HURCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

2011 JAN 31 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: N/A

RECEIVED
11 JAN 31 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
United HR Concepts LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

T. CLINE

FEB - 1 2011

EXAMINER

H11000025492

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **United HR Concepts LLC**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

16520 S. Tamiami Trail

16520 S. Tamiami Trail

Fort Myers, FL 33908

Fort Myers, FL 33908

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

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

Laurie Candaffio

Name

16520 S. Tamiami Trail

(P.O. Box or Mail Drop Box NOT Acceptable)

Fort Myers, FL 33908

(City / State / 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.

Laurie Candaffio
Registered Agent's Signature - Laurie Candaffio

FILED
2011 JAN 31 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H11000025492

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" = Managing Member

MGRM

Laurie Candaffio - 16520 S. Tamiami Trail, Fort Myers, FL 33908

MGRM

Paul Dalton - 215 Morris Avenue, Atlantic City, NJ 08401

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or authorized representative of a member.

(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 stated herein are true.)

Laurie Candaffio

Typed or printed name of signee

2011 JAN 31 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED