# 1100001379

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900192161689

FEB - 2 2011 **EXAMINER** 



CORPORATION SERVICE COMPANY. ACCOUNT NO. : I2000000195 REFERENCE: 662493 AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: February 1, 2011 ORDER TIME: 3:37 PM ORDER NO. : 662493-005 CUSTOMER NO: 4336650 DOMESTIC FILING NAME: ATLAS TALENT MANAGEMENT, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN

### ARTICLE I - Name:

The name of the Limited Liability Company is:

# Atlas Talent Management, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "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:
13305 Biscayne Bay Terr.	
North Miami, Florida 33181	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Linbility 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:

Corporation Serv	ice Company
	Name
1201 Hays S	treet
Florida s	treet address (P.O. Box NOT acceptable)
Tallahassee	<sub>FL</sub> 32301
	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..

Carina L. Dunlap

na A. Malas Asst. Vice President

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Marlene Key
	13305 Biscayne Bay Terr.
	North Mlami, Florida 33181
•	
	······································
LE V: Effective date, if other than the	e date of filing: (OPTIO
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTIO) se specific and cannot be more than five business of
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	e specific and cannot be more than five business o
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	e specific and cannot be more than five business o
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	e specific and cannot be more than five business o
fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a may false information under the section of the section	e date of filing: (OPTION be specific and cannot be more than five business of the properties of a member.  8.408(3), Florida Statutes, the execution of this document for the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
LE V: Effective date, if other than the fective date is listed, the date must he days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a membrane with section 60% constitutes an affirmation under 1 am aware that any false informations a third degree felon	et or an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Leave Period  Signature of a member of a management of the period of th	et or an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
LE V: Effective date, if other than the fective date is listed, the date must he days after the date of filing.)  REQUIRED SIGNATURE:  Ligan Period Signature of a membra signature of a membra constitutes an affirmation under I am aware that any false information entitutes a third degree felon Megan R. Rei	er or an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, metion submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
LE V: Effective date, if other than the fective date is listed, the date must he days after the date of filing.)  REQUIRED SIGNATURE:  Ligurary Period Signature of a member o	er or an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)  DZE  speed or printed name of signee
LE V: Effective date, if other than the fective date is listed, the date must he days after the date of filing.)  REQUIRED SIGNATURE:  Light Period Signature of a member of a may false information under the section of the constitutes an affirmation under the section of the constitutes a third degree felon megan R. Reference in the section of the sectio	er or an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)  DZE  speed or printed name of signee
LE V: Effective date, if other than the fective date is listed, the date must he days after the date of filing.)  REQUIRED SIGNATURE:  Light Period Signature of a member of a may false information under the section of the constitutes an affirmation under the section of the constitutes a third degree felon Megan R. Reference of Registered Agent	er or an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)  DZE  speed or printed name of signee
E V: Effective date, if other than the ective date is listed, the date must be lays after the date of filing.)  EQUIRED SIGNATURE:  Light Period Signature of a member of a me	er or an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)  DZE  Apped or printed name of signec