

L110000 34380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

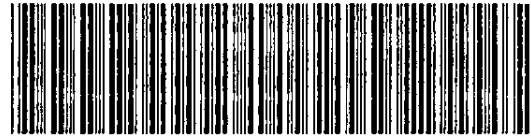
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EXAMINER



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FILING CANCELLED
RETURNED CHECK

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 21 AM 11:08

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PROFESSIONAL LABOR RESOURCE
Name of Limited Liability Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 21 AM 11:08

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HENRY J. SLOAN III
Name of Person

PROFESSIONAL LABOR RESOURCE
Firm/Company

P.O. BOX 851
Address

FROSTPROOF, FLORIDA 33843
City/State and Zip Code

HENRY.SLOAN06@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HENRY SLOAN at (**863**) **635-1889**
Name of Person Area Code & Daytime 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 Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 21 AM 11:08

ARTICLE I - Name:

The name of the Limited Liability Company is:

PROFESSIONAL LABOR RESOURCE, 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:

453 HOPSON RD
FROSTPROOF, FL. 33843

Mailing Address:

P.O. BOX 851
FROSTPROOF, FL. 33843

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:

ANNETTE W. PARRISH

Name

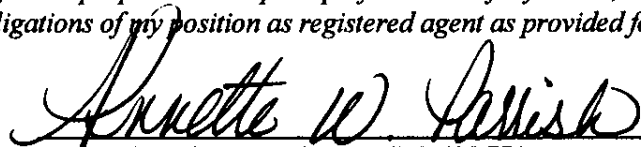
521 VISTA WAY LANE

Florida street address (P.O. Box **NOT** acceptable)

EAGLE LAKE FL 33839

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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

JACKSON SLOAN
55 MONROE ST.
FROSTPROOF, FL.33843

MGRM

ERNEST HAMILTON
P.O. BOX 851
FROSTPROOF, FL. 33843

MGRM

LAVERN RUSHING
2545 NE 6TH ST
WINTER HAVEN, FL 33881

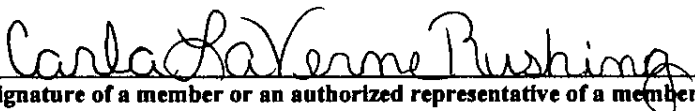
MGRM

DERRICK L. SLOAN
P.O. BOX 632
FROSTPROOF, FL. 33843

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or an 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

CARLA L. RUSHING

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)