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Effective Date 9/15/11

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SEURETARY OF STATE

T. HAMPTON

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Recruiting Unlimited, L.L.C. Name of Limited Liability Con	
Name of Limited Liability Con	праву
The enclosed Articles of Organization and fee(s) are submitted for fi	ling.
Please return all correspondence concerning this matter to the follow	ing:
Kathryn Setticase	
Name of Person	
Recruiting Unlimited, L.L.C.	
Firm/Company	
1620 S. Ocean Blvd. #6L	
Address	
Pompano Beach, FL 33062 City/State and Zip C	ode
ksetticase@gmail.com	·
E-mail address: (to be used for future annual)	eport notification)
For further information concerning this matter, please call:	
Kathryn Setticase at (954	、494-9988
	ode & Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certified	Copy Senctions of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Registration Section Registration of Corporations Division of Corporations P.O. Box 6327 Clifto Tallahassee, FL 32314 2661	/Courier Address ration Section on of Corporations n Building Executive Center Circle nassee, FL 32301

Effective Date 9/15/11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Recruiting Unlimited, L.L.C.	
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1620 S. Ocean Blvd. # 6L	Same
Pompano Beach, FL 33062	
business entity with an active Florida registration.) The name and the Florida street address of the re Kathryn Setticase Name	egistered agent are:
	IV.4 #C!
1620 S. Ocean B	
	ress (P.O. Box <u>NOT</u> acceptable)
Pompano Beach	_{FL} 33062
City, Sta	tte, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Kathryn	Setticase ure (REQUIRED)

(CONTINUED)

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SECKETARY OF STATE

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:	
MGR	Kathryn Setticase 1620 S. Ocean Blvd. # 6L.	_
	Pompano Beach FL 33062	
01		_ _ _
		-
		-
(Use attachment if necessary)		

ARTICLE V: Effective date, if other than the date of filing: 5 business days prior to receipt. (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.)

Kathryn Setticase

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA