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Office Use Only

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**EXAMINER** 



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# COVER LETTER

12.

	ion Section of Corporations	
SUBJECT:	S2 HR Solu	itions 2B, LLC
	Name of Limit	ed Liability Company
The enclosed Artic	les of Organization and fee(s) are	submitted for filing.
Please return all con	rrespondence concerning this mate	ter to the following:
Marjor	ie Seltzer	
		Name of Person
Engag	e PEO	
		Firm/Company
3001 E	xecutive Drive, Suite	e 340
		Address
St. Pete	rsburg, FL 33762	
	Cit	y/State and Zip Code
mseltzer	@engagepeo.com	or future annual report notification)
		·
For further information	tion concerning this matter, please	e call:
Ryan Holland	er	at ( 727 ) 565-2950 x 209
N	ame of Person	Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, 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:

# S2 HR Solutions 2B, 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 A	Address:	Mailing	Address:			
3001 Executive Dri	ve	3001 Ex	ecutive Drive			
Suite 340		Suite 34	0			
St. Petersburg, FL	33762	St. Pete	rsburg, FL 33762			
(The Limited Liability C business entity with an	egistered Agent, Registrompany cannot serve as its own active Florida registration.)  Florida street address of Marjorie Seltzer	Registered Agent. Y	ou must designate an indiv	idual or anothe		of 15 Television of 15
	Ŋ	Name			<b>&gt;</b>	
	3001 Executive	e Drive, S	Suite 340	اللا الدين	ē.	(**** *****
	Florida stre	et address (P.O. B	ox NOT acceptable)	22≧	ယ္ဟ	
•	St. Petersburg	FL	33762	DFN 2	O1	
	Ci	ty, 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:

MGR	S2 HR Solutions Group 2, LLC
IVIGN	3001 Executive Drive, Suite 340
	St. Petersburg, FL 33762
<del>_</del>	
	<del></del>
(Use attachment if necessary)	
LE V: Effective date, if other the	han the date of filing: (OPTIONA must be specific and cannot be more than five business day
days after the date of filing.)	must be specific and cannot be more than five business day

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.)

Marjorie Seltzer

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)