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

Office Use Only



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AND CONTRACT OF SEPTIMENTS OF THE PRIZE OF T

B. BOSTICK
SEP 1 1 2012

COVER LETTER

10:	Division of	on Section Corporations					
SURI	ECT: Mes	sser Staffing LLC					
5015			ed Liability Co	mpany			
The er	nclosed Article	es of Organization and fee(s) are	submitted for fi	iling.			
Please	return all cor	respondence concerning this mat	ter to the follow	ving:			
	Grahar	n Messer					
			Name of Person)			
	***		F; - (O				
	-		Firm/Company				
	2617 C	otuit Ln					
			Address				
	Tallahas	see, FL 32309				FG.	
		Cit	ty/State and Zip C	Code	II.	0	
	grahamm	esser@yahoo.com			SS		(F-1903
		E-mail address: (to be used	for future annual	report notification)	in the second	P .	m
For fu	rther informati	ion concerning this matter, please	e call:		Q.	PH 12:	J
Gral	nam Mess	er	at (850	5458213) A	<u></u>	
	Na	me of Person	Area C	Code & Daytime Tel-	ephone Number		
Enclo	sed is a checl	k for the following amount:					
\$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & [Copy copy is enclosed)	\$160.00 Filin Certificate of Certified Cop (additional copy	Status y	s &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regisi Divisi Clifto 2661	t/Courier Address tration Section ion of Corporation on Building Executive Center hassee, FL 32301	ns		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Messer Staffing LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
The maning address and sheet address of the pro-	morpus office of the Entire Endowly Company is
Principal Office Address:	Mailing Address:
2964 Wellington Circle, Suite 1	2617 Cotuit Ln
Tallahassee, FL 32309	Tallahassee, FL 32309
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
<u>Graham</u> Name 2617 (Azit	Messer F
Name	
2617 Cotrit	<u>L1</u>
	ress (P.O. Box <u>NOT</u> acceptable)
Tallahass el City, Sta	ress (P.O. Box NOT acceptable) FL 32309 te, and Zip
liability company at the place designated in th	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all

Registered Agent's Signature (REQUIRED)

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.

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Memb	per
MGRM	Graham Messer 2617 Cotuit Ln Tallahassee, FL 32309
MGR	Sheryl Burgess 2617 Cotuit Ln
MGR	Michael Whaley 24531 Red Deer Dr.
	Huffman, Th 77336
(Use attachment if necessary)	
	than the date of filing: (OPTIONAl must be specific and cannot be more than five business day
REQUIRED SIGNATURE:	
Signature of	a member or an authorized representative of a member.
(In accordance with sec	ction 608.408(3), Florida Statutes, the execution of this document ion 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.)

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)