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| PICK-UP | ☐ WAIT | MAIL |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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SEURETARY OF STATE FALLAHASSEE, FLORIDA

K.SALY EXAMINER JUN 19 2014

COVER LETTER

| Division of | 1 Section Corporations | | |
|-------------------------|--|---|--|
| SUBJECT: Denise | S. Cairo Federal HR Con Name of Lir | sulting, LLC nited Liability Company | |
| The enclosed Articles | s of Organization and fee(s) a | re submitted for filing. | |
| Please return all corre | espondence concerning this m | natter to the following: | |
| Denise S | S. Cairo | Name of Person | |
| | | | |
| <u>Denise S</u> | S. Cairo Federal HR Consu | | |
| | | Firm/Company | |
| 614 Den | mark Place | | |
| · · · · · | | Address | |
| The Villa | ges. FL 32162 | City/State and Zip Code | |
| dscairo@aol.co | em E-mail address: (to be use | d for future annual report notifica | ation) |
| For further information | on concerning this matter, ple | ase call: | |
| Denise S. Cairo | | 352) 633-3566 | |
| Nar | ne of Person | Area Code Daytime Te | lephone Number |
| Enclosed is a check for | or 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) |
| Ma | iling Address | Street/Courier Add | ress |

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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: | | | د |
|--|-------------------------|---|--|
| The name of the Limited Liability C | Company is: | | |
| | | | TALLER SEE TO SE |
| Danies O. Osias Essteral UD Os | | | |
| Denise S. Cairo Federal HR Co | | Liability Company, "L.L.C.," or "LI | C 7 5 0 1 |
| (iviust end with | i tile words Limited | Liability Company, L.L.C., or LL | |
| ARTICLE II - Address: | | | (4) J |
| The mailing address and street addr | ess of the principal of | fice of the Limited Liability Compar | ıy is: |
| | | | |
| Principal Office Address: | | Mailing Address: | 4. |
| 614 Denmark Place | | 614 Denmark Place | |
| The Villages, FL 32162 | | The Villages, FL 32162 | |
| | | | |
| | | | |
| ARTICLE III - Registered Agent, | | & Registered Agent's Signature: Registered Agent. You must designa | to an individual on |
| mother business entity with an acti | | | te an individual of |
| sileties business entity with air acti | ve i ionaa regisaanei | , | |
| The name and the Florida street add | ress of the registered | agent are: | |
| | | | |
| <u>Denise S.</u> | Cairo Name | | |
| | Name | | |
| 614 Denm | ark Place | | |
| | et address (P.O. Box | NOT acceptable) | |
| | | , , | |
| The Village | | FL 32162 | |
| | City | Zip | |
| Having haan named as registered a | ant and to accent see | vice of process for the above stated li | imitad liahilitu company at |
| | | the appointment as registered agent | |
| | | of all statutes relating to the proper a | |
| | | igations of my position as registered (| |
| | Chapt | er 605, F.S | |
| c b | / | | |
| $\mathcal{L}\mathcal{F}$ | \rightarrow | Cai. | |
| Regi | stered Agent's Signat | ture (REQUIRED) | |
| | | · · · · · · · · · · · · · · · · · · · | |

(CONTINUED)

Page 1 of 2

| itle: | Name and Address: |
|---|--|
| AMBR" = Authorized Member | |
| MGR" = Manager | |
| MGR | Denise S. Cairo |
| | 614 Denmark Place |
| | The Villages, FL 32162 |
| | 1110 Villages, 1 L 02102 |
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| V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under | nber or an authorized representative of a member. 1.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. |
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Page 2 of 2