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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

May 19, 2015

7573 RAYMARY ST., UNIT F

BOKEELIA, FL 33922

SUBJECT: LABOR SOLUTIONS LLC WORKFORCE Labor LLC

Ref. Number: W15000035400

We have received your document for LABOR SOLUTIONS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words: "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C." "LC.," "Ltd.," and "Co."

The document number of the name conflict is P02000021314.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 915A00010500

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

Division of C	orporations				
SUBJECT: Wo	orkForce l	_abo	r LLC		
		imited Liabil			
The enclosed Articles of	of Organization and fee(s)	are submitted	for filing		
	pondence concerning this i		_		
		nation to into	one mig.		
Deborah L	Lytte			· · · · · · · · · · · · · · · · · · ·	
		Name of			
We	orkForce	Labo	or LLC	•	
		Firm/Co	mpany	· · · · · · · · · · · · · · · · · · ·	
7573 Rayn	nary St., Unit f				
		Addr	ess		
Bokeelia, I	FI 33922				
		City/State an	d Zip Code		
raymarygril	@gmail.com			· · · · · · · · · · · · · · · · · · ·	26:
	E-mail address: (to be use	ed for future a	nnual report notificat	ion)	
For further information of	oncerning this matter, plea	ise call:			MIS JUN - I
Deborah L Lytle 239 691-6347				SSEE TO THE	
Na		Area Code	Daytime Telephon	e Number	
Enclosed is a check for	the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certifi	0 Filing Fee & ed Copy al copy is enclosed)	Certified C	of Status &
Regis Divis	ing Address tration Section ion of Corporations Box 6327		Street Address Registration Section Division of Corporati Clifton Building	ons	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabili	ty Company is:				
Work		(bor L1	C		
(Must end	with the words "Limited	d Liability Company	y, "LL.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	ddress of the principal c	office of the Limited	Liability Company is:		
Princip	al Office Address:		Mailing Address	:	
7573 Raymary St., U Bokeelia, Fl 33922	Init F	7573 Raymary St., Unit F Bokeelia, Fl 33922			
(The Limited Liability Company another business entity with an The name and the Florida street	active Florida registration address of the registered Deborah L Lytle	on.) d agent are: Name			
	7573 Raymary St., U Florida street addres		cceptable)		
	Bokeelia	FI	33922		
	City	State	Zip		
Having been named as registered place designated in this certificate further agree to comply with the param familiar with and accept the older.	I hereby accept the approvisions of all statutes religations of my position	ointment as register elating to the proper	ed agent and agree to act in the and complete performance of as provided for in Chapter 60.	is capacity. I 🙃 I my duties, and [==	

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company:

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records.	"AMBR" = Authorized Member		
AMBR Idania Jamie Gutierrez 7573 Raymary St., Unit F AMBR Maria Delia Gutierrez 7573 Raymary St., Unit F AMBR Maria Delia Gutierrez 7573 Raymary St., Unit F AMBR Maria Rosales 7573 Raymary St., Unit F (Use attachment if necessary) AMBR Maria Rosales 7573 Raymary St., Unit F (Use attachment if necessary) AMBR Maria Rosales 7573 Raymary St., Unit F (OPTIONAL) effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after te of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REOUIRED SIGNATURE: REOUIRED SIGNATURE: I am aware that any false information submitted in a document to the Department of State 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 nafirmation 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 nafirmation 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 at hird degree felony as provided for in s.817.155, F.S.) Deborah L Lytle 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)			
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The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
	·
	·-
AMBR	Raul Barbosa 7573 Raymary St., Unit F
	Bokeelia, Fl. 33922
AMBR	Meghan McCarraher
	7573 Raymary St., Unit F Bokeelia, Fl. 33922
	Вокеена, гт. 33922
(Use attachment if necessary)	
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	e of filing: (OPTIONAL)
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	Typed or printed name of signee
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\$125.00 Filing Fee for Articles of O	rganization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)	(0.5)
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