

L15000094654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

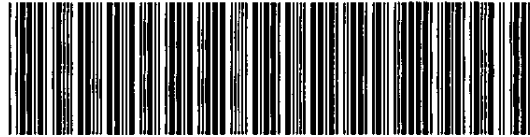
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Special Instructions to Filing Officer:

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2015 JUN -1 AM 9:11
TALLAHASSEE FLORIDA

JUN 02 2015
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2015

7573 RAYMARY ST., UNIT F

BOKEELIA, FL 33922

SUBJECT: ~~LABOR SOLUTIONS LLC~~
Ref. Number: W15000035400

WorkForce Labor LLC (Change)

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUN - 1 PM 3:43

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

2015 JUN - 1 AM 9:11

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WorkForce Labor LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deborah L Lytle

Name of Person

WorkForce Labor LLC

Firm/Company

7573 Raymary St., Unit f

Address

Bokeelia, FL 33922

City/State and Zip Code

raymarygrill@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah L Lytle

239

691-6347

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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)

Mailing Address

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

Street Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WorkForce Labor 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 Address:

7573 Raymary St., Unit F
Bokeelia, FL 33922

Mailing Address:

7573 Raymary St., Unit F
Bokeelia, FL 33922

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Deborah L Lytle

Name

7573 Raymary St., Unit F

Florida street address (P.O. Box **NOT** acceptable)

Bokeelia

FL

33922

City

State

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 605, F.S.

Deborah L Lytle

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR/AMBR

Name and Address:

Deborah L Lytle

7573 Raymary St., Unit F

AMBR

Idania Jamie 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)

2 additional members Next page

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Deborah L Lytle

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Deborah L Lytle

Typed or printed name of signer

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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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Raul Barbosa

7573 Raymary St., Unit F

Bokeelia, Fl. 33922

AMBR

Meghan McCarraher

7573 Raymary St., Unit F

Bokeelia, Fl. 33922

(Use attachment if necessary)

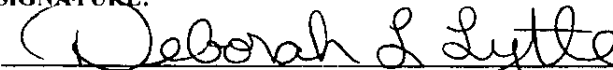
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