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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Dusiliess Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| 10: | Division of Corporations |
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| OLUD IDA | Recruitment USA |
| S UBJĘ¢ | Name of Limited Liability Company |
| | Emily 19年1年在11年中,在11年中,11年中,11年中,11年中,11年中,11年中, |
| The encl | osed Articles of Organization and fee(s) are submitted for filing. |
| Please re | turn all correspondence concerning this matter to the following: |
| • | Matthew Dunley |
| | Name of Person |
| | Recruitment USA |
| | Firm/Company |
| | 1668 W 72 ST |
| | Address |
| | Hialeah FL, 33014 |
| | City/State and Zip Code |
| | omarganon@yahoo.com |
| | E-mail address: (to be used for future annual report notification) |
| or further | information concerning this matter, please call: |
| | Matthew Dunley 305-877-771: 305-877-7713 at (|
| | Name of Person Area Code Daytime Telephone Number |
| Enclosed | is a check for the following amount: |
| \$125.00 | Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (additional copy is enclo |

Mailing Address

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Recruitment USA L | LC. | | |
|---|---|--|---------------|
| (Must end | with the words "Limited Lia | ability Company, "L.L.C.," or "LLC.") | |
| ARTICLE 11 - Address: | | | (t): |
| The mailing address and street a | ddress of the principal office | e of the Limited Liability Company is: | - ! . |
| <u>Princip</u> | al Office Address: | Mailing Address: | |
| 1668 W 72 ST | | 1668 W 72 ST | |
| Hialean FL, 33014 | | Hialeah FL, 33014 | |
| ADTICLE III Desistend A. | and Parintened Office 9 D | , Nacional A | 0E: |
| ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street | y cannot serve as its own Reg active Florida registration.) address of the registered ago | gistered Agent. You must designate an individ | . 골:: |
| (The Limited Liability Company another business entity with an | y cannot serve as its own Regactive Florida registration.) address of the registered age Ashley Cooper | gistered Agent. You must designate an individ | . 골:: |
| (The Limited Liability Company another business entity with an | y cannot serve as its own Regactive Florida registration.) address of the registered age Ashley Cooper | gistered Agent. You must designate an individent | . 골:: |
| (The Limited Liability Company another business entity with an | y cannot serve as its own Regactive Florida registration.) address of the registered age Ashley Cooper Na 320 E 37th Street | gistered Agent. You must designate an individent | . 골:: |

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 mp position as registered agent as provided for in Chapter 605, F.S..

State

Zip

City

(CONTINUED)

Page 1 of 2

| Ashley Cooper 370 E 371H ST Hialeah, FL 33013 MGR Matthew Dunley 1668 W 72ST Hialeah, FL 33014 Use attachment if necessary) E V: Effective date, if other than the date of filing: Cive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not tent's effective date on the Department of State's records. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Matthew Dunley Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | <u>Fitle:</u> "AMBR" = Authorized Member | Name and Address: |
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| Ashley Cooper 370 E 371 H ST Hialean, FL 33013 Matthew Dunley 1668 W 72ST Hialean, FL 33014 Use attachment if necessary) EV: Effective date, if other than the date of filing: Cive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not tent's effective date on the Department of State's records. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Matthew Dunley Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | | |
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ARTICLE IV-