

L16000117743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

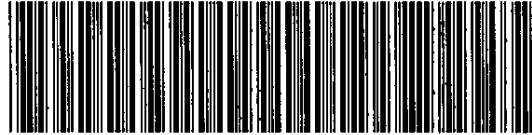
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/23/16--01008--014 **125.00

16 JUN 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

6/23/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: C. Rsquare Background Check and Fingerprinting Services, 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:

Charmalin Brown

Name of Person

C. Rsquare Background Check and Fingerprinting Services

Firm/Company

2930 Okeechobee Blvd, Ste 206

Address

West Palm Beach, FL 33409

City/State and Zip Code

crsquarefingerprinting@gmail.com

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

For further information concerning this matter, please call:

Charmalin Brown

561

2479319

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)

- previously paid

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

RECEIVED
JUN 21 10 15 AM
TALLAHASSEE, FLORIDA

16 JUN 21 AM 9:02

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 31, 2016

CHARMALIN BROWN
2930 OKEECHOBEE BLVD.
SUITE 206
WEST PALM BEACH, FL 33409

SUBJECT: C. RSQUARE BACKGROUND AND FINGERPRINTING SERVICES,
LLC
Ref. Number: W16000039648

We have received your document for C. RSQUARE BACKGROUND AND FINGERPRINTING SERVICES, 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 registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 516A00011377

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C. Rsquare Background Check and Fingerprinting Services, 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:

Mailing Address:

2930 Okeechobee Blvd, Ste 206
West Palm Beach, FL 33409

2930 Okeechobee Blvd, Ste 206
West Palm Beach, FL 33409

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:

Charmalin Brown

Name

2930 Okeechobee Blvd, Ste 206

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

West Palm Beach

FL

33409

City

State

Zip

16 JUN 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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..

Ch Brown

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Name and Address:

Charmalin G. Brown

2930 Okeechobee Blvd, Ste 206

West Palm Beach, FL 33409

MGR

Melanie T. Robinson

2930 Okeechobee Blvd, Ste 206

West Palm Beach, FL 33409

MGR

Rogell X. Levers

2930 Okeechobee Blvd, Ste 206

West Palm Beach, FL 33409

(Use attachment if necessary)

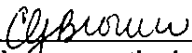
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:


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.

Charmalin Brown

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)

16 JUN 21 AM 8:00
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA