

L16000181457

(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

N. SAMS

SEP 29 2016



000289881520

09/23/16--01012--014 \*\*130.00

2016 SEP 23 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SOUTHEAST STAFFING MANAGEMENT, 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:

TODD WELSTAD

Name of Person

SOUTHEAST STAFFING MANAGEMENT, LLC

Firm/Company

5351 CARSON STREET

Address

SOINT CLOUD, FL 34771

City/State and Zip Code

todd.welstad@worldwidestaffinginc.com

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

For further information concerning this matter, please call:

TODD WELSTAD

407

5179405

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**

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  
OF  
SOUTHEAST STAFFING MANAGEMENT, LLC

---

ARTICLE I

Name

The name of the Limited Liability Company is SOUTHEAST STAFFING MANAGEMENT, LLC.

ARTICLE II

Principal Address

The principal place of business and mailing address of the Limited Liability Company is 70  
MENDHAM BLVD., STE. 250, ORLANDO, FL 32825.

ARTICLE III

Purpose

The purpose of this Limited Liability Company shall be to transact any and all lawful business for which limited liability companies may be organized under Chapter 605 Florida Statutes, in general, to have and exercise all the powers conferred by the laws of Florida upon organizations formed under Chapter 605 Florida Statutes and to do any and all things hereinbefore set forth to the same extent as natural persons might or could do.

ARTICLE IV

Registered Agent and Registered Office

The name and Florida street address and of the initial Registered Agent of this Limited Liability Company is as follows:

Name	Address
Todd Welstad	5351 Carson St., Saint Cloud, FL 34771

ARTICLE V

Authorized Managing and Controlling Person(s)

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

Title	Name and Address
AMBR	Todd Welstad, 5351 Carson St., Saint Cloud, FL 34771

ARTICLE XII  
Indemnification

The Limited Liability Company is authorized to indemnify, agree to indemnify or obligate itself to advance or reimburse expenses incurred by its members, employees or agents in any Proceeding (as defined by Chapter 605 Florida Statutes) to the full extent of the laws of the State of Florida as may now or hereafter exist.

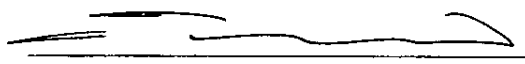
ARTICLE XIII  
Amendments

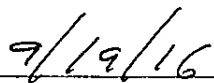
The Limited Liability Company reserves the right to amend, alter, change or repeal any provision contained in these Articles of Organization in the manner now or hereafter prescribed by statute, and all rights conferred on the members herein are granted subject to this reservation.

REQUIRED SIGNATURES

Registered Agent

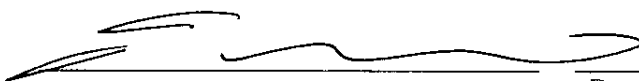
Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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, Florida Statutes.

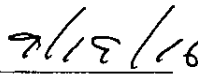
  
Todd Welstad

  
Date

Authorized 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.

  
Todd Welstad

  
Date

2016 SEP 23 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA