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(Requestor's Name)				
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COVER LETTER

	ew Filing Section ivision of Corporations	
SUBJECT	: Employee	ENGAGEMENT SOLUTIONS, LLC
The enclose	ed Articles of Organization a	nd fee(s) are submitted for filing.
Please retur	rn all correspondence concer	ning this matter to the following:
	VICTOR	A T. ITESS Name of Person
	EMPLOYEE	ENGAGEMENT SOLUTIONS, LLC Firm/Company
	4572 CADIT	E CIRCLE P
		Address
	PARM BEACH	GARDENS, FZ 33418
		City/State and Zip Code
_	NICKI G NIC	KI ItESS, com
	E-mail address:	(to be used for future annual report notification)
For further in	nformation concerning this n	natter, please call:
	VICKI HESS	at (410) 205-5081
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following ar	nount:
\$125.00 Fi	ling Fee S130.00 Fili Certificate o	
	Mailing Address	Street Address
	New Filing Section	New Filing Section
	Division of Corporati P.O. Box 6327	ons Division of Corporations Clifton Building
	Tallahassee, FL 3231	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

≻ m o₁	DYEE ENGAGEM	Ser Sour	sons H.C	
	n the words "Limited Liab		 	
		, co,. ,, .	sizion, or buo.	
ARTICLE II - Address: The mailing address and street add	lress of the principal office	of the Limited L	iability Company is:	
<u>Principal</u>	Office Address:		Mailing Address:	
4572 CADIZ CI	RCLE		C	
PARM BENCH GA			JAME	
 	33418			
ARTICLE III - Registered Agen	t, Registered Office, & R	egistered Agent	's Signature:	
(The Limited Liability Company c		sistered Agent, Yo	ou must designate an individ	ual or
another business entity with an ac	live Florida registration.)			70
The name and the Florida street ad	ldress of the registered age	ent are:		<u> </u>
	VICTORIA T.	Itess		9 PM 4: 42 * ENAIL *ELFLORID
	VICTORIA T.	ıme	- 	
	4572 CADIZ	Circle		
	Florida street address (P.	O. Box <u>NOT</u> acc	=	
	PARM BEACH	GARDENS,	FL 33418	
	City	State	Zip	
			hove stated limited liability c	community at the
place designated in this certificate, I further agree to comply with the pro	hereby accept the appoints visions of all statutes relativ	nent as registered ng to the proper a	agent and agree to act in thi nd complete performance of	s capacity. I my duties, and I
place designated in this certificate, I further agree to comply with the pro	hereby accept the appoints visions of all statutes relativ	nent as registered ng to the proper a	agent and agree to act in thi nd complete performance of	s capacity. I my duties, and I
Having been named as registered ag place designated in this certificate, I further agree to comply with the pro- am familiar with and accept the oblig	hereby accept the appoints visions of all statutes relative gations of my position as re	nent as registered ng to the proper a	agent and agree to act in thi nd complete performance of	s capacity. I my duties, and I

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager AMBR	VICTORIA T. HESS 4572 CADIZCIRCLE PARM BEACH GARDENS, FL 33418		
(Use attachment if necessary)			
ne date of filing.)	eific and cannot be more than five business days prior to or 90 days after beet the applicable statutory filing requirements, this date will not be listed as		
REQUIRED SIGNATURE:			
Uch	us Hen		
Signature of a men This document is executed I am aware that any false i	the or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.		
VICTOR	Typed or printed name of signee		

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)