L18000233069

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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC.	E2 RECRUITING (USA), LLC		
SUBJEC		imited Liability Com	pany
Dear Sir c	or Madam:		
The enclo	sed Statement of Authority and fee(s) are	e submitted for filing.	
Please ret	urn all correspondence concerning this n	natter to the following	:
Christine	L. Herendeen, Chapter 7 Trustee		
	Name of Person		
	Firm/Company		
3201 W.	Hillsborough Ave., #152348		
	Address		
Tampa, F	L 33614-9998		
	City/State and Zip Code		
clh@here	ndeenlaw.com		
	E-mail address: (to be used for future and	nual report notification	n)
For furthe	r information concerning this matter, ple	ease call:	
Christine	L. Herendeen	813 at (438-3833
	Name of Person	Area Code	Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF AUTHORITY

Pursuant to authority:	o section 6	05.0302(1), Florida Statu	tes, this limited lial	bility company submits the follo	wing statement of
FIRST: T	The name o	of the limited liability com	pany is: E2 RECF	RUITING (USA), LLC	
SECOND	: The Flor	rida Document Number of	f the limited liabilit	ty company is: L18000233069	
	The street	address of the limited liab	oility company's pr	incipal office is:	
1 -	rampa, FL	33615			_
-8	The mailin	ng address of the limited l	iability company's	principal office is:	_
7	Fampa, FL				
position of person on	f a person i the followi	n a company, whether as a ing: ecute an instrument transf	a member, transfer ferring real propert	of authority on all persons havinger, officer or otherwise, manager, officer or otherwise wheld in the name of the compa	e or to a specific
	Ь.	No authority granted to:	Gary M. Jacobs		
2.			s on behalf of, or o	therwise act for or bind, the com	— Ipany. —
	b.	No authority granted to:	Gary M. Jacobs		-
				Christine L. Herendeen	_
Signature c	of authorize	ed representative Fi	iling Fee: \$2	Typed or printed name (of signature

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)