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COVER LETTER

	ew Filing Section vision of Corporations					
SHD HECT	Personnel Dimensions LLC					
SUBJECT:Name of Limited Liability Company						
The enclose	ed Articles of Organization and fee(s)	are submitted	for filing.			
Please retu	rn all correspondence concerning this	matter to the f	following:			
	Arnaldo J. Ramos					
	Name of Person					
	Personnel Dimensions LLC					
	Firm/Company					
	858 Rockingham Road					
		Addr	ess			
	Lakeland, FL 33809					
	ajramos.r@gmail.com	City/State an	d Zip Code			
-	<u> </u>	sed for future :	annual report notification)			
For further in	nformation concerning this matter, ple	ease call:				
	Arnaldo J. Ramos	954	817-9322			
	Name of Person	Area Code	Daytime Telephone Number			
Enclosed in	s a check for the following amount:					
\$125.00 F		L—lCertifi	00 Filing Fee & S160.00 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

ARTICLE I				
The name of t	the Limited Liability C	ompany is:		
<u>Pe</u>	rsonnel Dimensions LLC			
	(Must contain	the words "Limited	Liability Company, "	L.L.C.," or "LLC.")
ARTICLE II	l - Address:			
The mailing a	address and street addre	ess of the principal o	ffice of the Limited L	iability Company is:
	Principal Office Address:			Mailing Address:
85	8 Rockingham Road			
La	keland, FL 33809			
(The Limited another busing	ness entity with an acti d the Florida street add	nnot serve as its own ve Florida registratio	Registered Agent, Y on.) d agent are:	's Signature: ou must designate an individual or
			Name	
	<u>.</u>	358 Rockingham Road		
		Florida street addres	s (P.O. Box <u>NOT</u> acc	ceptable)
	<u>.</u>	akeland	Florida	33809
		City	State	Zip

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

	Title: "AMBR" = Authorized Member	Name and Address:
	"MGR" = Manager	A-alda I B
	MGR	Arnaldo J. Ramos 858 Rockingham Road
		Lakeland, FL 33809
		Lanciana, I E 33005
		· · · · · · · · · · · · · · · · · · ·
		
		
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	(Use attachment if necessary)	
DTI	CLEV. Effective data if other than the data of filing	(OPTIONAL)
triit If an i	effective data is listed, the data must be specifie an	d cannot be more than five business days prior to or 90 days after
	te of filing.)	id cannot be more than live business days prior to or 90 days after
		applicable statutory filing requirements, this date will not be listed as
	cument's effective date on the Department of State	
ine do	cument's effective date on the Department of State	s records.
RTI	CLE VI: Other provisions, if any.	
	SEE VIII Outer provisions, in any.	
		· · · · · · · · · · · · · · · · · · ·
	REQUIRED SIGNATURE;	
	M. Sour	ス
	Let X	
	Signature of a member of	r an authorized representative of a member.
		cordance with section 605.0203 (1) (b), Florida Statutes.
		etion submitted in a decument to the Denortment of State

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.

Amaldo J. Ramos

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)

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