

Division of Corporations

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Florida Department of State  
 Division of Corporations  
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To:

Division of Corporations  
 Fax Number : (850) 617-6381

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Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES INC.  
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### FLORIDA LIMITED LIABILITY CO.

### HCS STAFFING LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$125.00 |

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HCS Staffing, LLC

(Must contain 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:

2338 Immokalee Rd, Suite 353  
Naples, FL 34110

Mailing Address:

2338 Immokalee Rd, Suite 353  
Naples, FL 34110

RECEIVED  
FLORIDA  
CORPORATION  
AND  
RECORDS  
DIVISION  
DEPARTMENT OF STATE  
TUESDAY, APRIL 18, 2017  
10 AM  
FLORIDA  
CLERK'S OFFICE  
10 AM  
FLORIDA  
CLERK'S OFFICE

**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:

Gregg Seidner

Name

2338 Immokalee Rd, Suite 353Florida street address (P.O. Box NOT acceptable)NaplesFL34110

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..*

  
\_\_\_\_\_  
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  
AMBR

Name and Address:

Gregg Seidner  
3359 Pacific Dr  
Naples, FL 34119

AMBR

Steven Bicky  
2745 NE 184th Way  
Aventura, FL 33160

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 3/11/19 (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.

Veronica Ganzler  
 Typed or printed name of signee

19 MAR 18 AM 9:14  
 FLORIDA  
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 DEPARTMENT  
 OF STATE  
 DIVISION  
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Filing Fees:

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