

L22000172278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

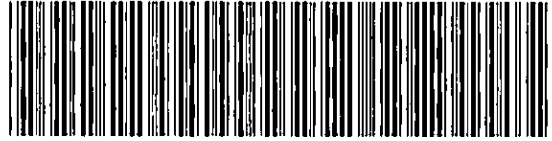
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
TALLAHASSEE, FL

2022 APR 26 AM 8:30

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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 APR 22 PM 3:48

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 120210000160 AMOUNT: \$125.00

AUTHORIZATION SIGNATURE: _____

[Signature]

Lanefinder Workforce Solutions LLC
BUSINESS

DOCUMENT #

___ Pick up time ___

___ Mail out

___ Will wait

___ Photocopy

___ Certified Copy of Articles

___ Certificate of Status

NEW FILINGS

___ Profit
___ Not for Profit
☒ Limited Liability
___ Domestication
___ Other
___ **CORP**

AMENDMENTS

___ Amendment
___ Resignation of R.A. Officer/Director
___ Change of Registered Agent
___ Dissolution/Withdrawal
___ Merger
___ **Conversion**

OTHER FILINGS

___ Annual Report
___ Fictitious Name

REGISTRATION/QUALIFICATIONS

___ Foreign filing
___ Limited Partnership
___ Reinstatement

___ APOSTILL() **Country:** ___ Other

EXAMINER'S INITIALS: _____



resub.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2022

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: LANEFINDER WORKFORCE SOLUTIONS LLC
Ref. Number: W22000054152

We have received your document for LANEFINDER WORKFORCE SOLUTIONS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Verify the Registered Agents address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 622A00009584

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2022 APR 26 PM 3:52
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lanefinder Workforce Solutions LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

FILED

2022 APR 26 AM 8:30

CLERK OF CIRCUIT COURT
HALL COUNTY, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

601 S. Harbour Blvd, Suite 109
Tampa, FL 33602

601 S. Harbour Blvd, Suite 109
Tampa, FL 33602

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:

InCorp Services, Inc.

Name

17888

17888 67th Court North

Florida street address (P.O. Box **NOT** acceptable)

Loxahatchee

FL

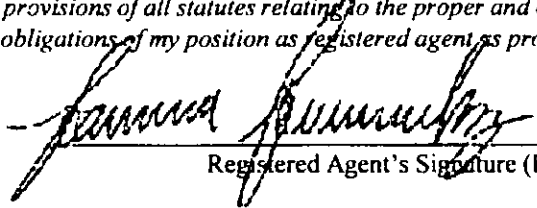
33470

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..



Joanna Fernandez on behalf of InCorp Services, Inc.

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

Name and Address:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

99

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CLERK OF COURT
H. J. HILL
TALLAHASSEE, FL

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 04/19/2022 (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.

The company is manager-managed.

REQUIRED SIGNATURE:

Yaakov G. Klein

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.

Yaakov Klein

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)