

L23000 262585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

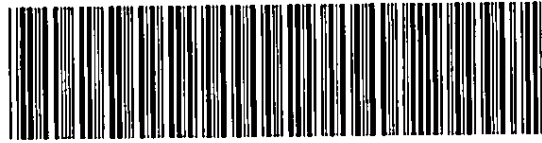
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600408990196

FILED

2023 JUN 31 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/02/23--01004--002 *\$160.00

RECEIVED

2023 JUN -1 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Miami Talent Network, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mrs. Dr. Lonna R. Sku-Pord
Name of Person

United Labor Source, LLC
Firm/Company

7900 N.W. 27th Ave,
Address

Miami, FL 33147
City/State and Zip Code

Trusteebruce@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mrs. Dr. Lonna R. Sku-Pord at (786) 344-3905
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations

Street Address
New Filing Section Division
The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

Miami Talent Network, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

7900 N.W. 27th Ave
Ste A04A
Miami, FL 33147

P.O. Box 381134
Miami, FL 33238
Fla.

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:

Trustee Inc
Name

7900 N.W. 27th Ave Ste E210
Florida street address (P.O. Box **NOT** acceptable)

Miami FL 33147
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)

FILED
2023 JUN -1 PM 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

AMBR | MGR

cto: United Labour Service, LLC.
Mrs. Dr. LORNA R. SHUFORD
P.O. Box 381134
Atlanta, GA 30323

AMBR | MGR

Reyna Love, LLC.

Ambr | MGR

Veteran Equal Treatment First, LLC

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 06/01/2023 (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.

Professionals & administrative youth
and global personal, financial, production
publishing and technical assist and projects
to mentor, train and brand them.

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.

Mrs. Dr. LORNA R. SHUFORD

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)

SECRETARY OF
STATE
2023 JUN -1 PM 5:51
FILED