

Document Number Only

L9500000449

CT CORPORATION SYSTEM

Petitioner's Name

660 EAST JEFFERSON STREET

Address

TALLAHASSEE FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

FILED  
95 JUN 14 PM 3:01  
TALLAHASSEE  
SECRETARY OF STATE

RECEIVED  
JUN 14 1995  
TALLAHASSEE, FLORIDA

America's Best Job Fairs, L.L.C., L.C.

☒ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☒ Limited Liability Company

☐ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Certified Copy

☐ Photo Copies

☐ CUS

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☒ Will Wait

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6-12-95

PLEASE RETURN EXTRA COPIES  
FILE STAMPED

789,1124,1127,571

W95-11731



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

95 JUN 14 PM 2 36  
DIVISION OF CORPORATIONS

June 12, 1995

CT CORPORATION SYSTEM  
660 EAST JEFFERSON STREET  
TALLAHASSEE, FL 32301

SUBJECT: AMERICA'S BEST JOB FAIRS, L.L.C.  
Ref. Number: W95000011931

We have received your document for AMERICA'S BEST JOB FAIRS, L.L.C. and check(s) totaling \$285.00. However, your check(s) and document are being returned for the following:

The name of a Limited Liability Company must end with the words "limited company", or their abbreviation "L.C." "L.L.C." is not an acceptable suffix in the state of Florida. Please note the periods as punctuation must be included in the suffix.

An affidavit is required pursuant to section 608.407(2), Florida Statutes, declaring the following: (1) the limited liability company has at least two members; (2) the actual amount of cash contributions; (3) the agreed value of any property other than cash contributed; and (4) the total amount of cash or property anticipated to be contributed by the members.

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 (904) 487-6972.

Doris Brown  
Document Specialist

Letter Number: 095A00028740

Attended

WALK-IN  
Will Wait  
3:00  
6-14-95

ARTICLES OF ORGANIZATION OF  
AMERICA'S BEST JOB FAIRS, L.L.C.

ARTICLE I - Name

The name of the Limited Liability Company is:

AMERICA'S BEST JOB FAIRS, L.C.

ARTICLE II - Address

The mailing address and, if different, the street address of the principal office of the Limited Liability Company is/are:

441 N.W. 189TH TERRACE  
PEMBROKE PINES, FLORIDA 33029

ARTICLE III - Duration

The period of duration of the Limited Liability Company shall be:

TWENTY-FIVE (25) YEARS

ARTICLE IV - Management

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

STEVEN A. KASS  
441 N.W. 189TH TERRACE  
PEMBROKE PINES, FLORIDA 33029

ARTICLE V - Registered Agent

The name and street address of the initial registered agent of the Limited Liability Company is:

C T CORPORATION SYSTEM  
1200 South Pine Island Road  
Plantation, Florida 33324

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TALLAHASSEE, FLORIDA

ARTICLE VI - Registered Office

The street address of the initial registered office of the Limited Liability Company is:

c/o C T CORPORATION SYSTEM  
1200 South Pine Island Road  
Plantation, Florida 33324

6/9/95  
(Date)

Lisa Kaplan  
(Signature of Member or the  
Authorized Representative of a  
Member)

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TALLAHASSEE  
SECRETARY OF STATE

REGISTERED AGENT ACCEPTANCE

Having been named as registered agent and to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of section 608.415, Florida Statutes, 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.

C T CORPORATION SYSTEM

By A.D. Hamilton  
(Signature)

6/9/95  
(Date)

A.D. Hamilton  
(Type Name of Office)

Spec. Asst. Secy  
(Title of Officer)

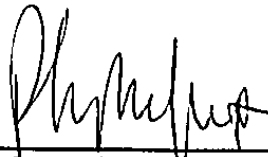
**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS  
OF LIMITED LIABILITY COMPANY**

The undersigned ~~member~~ or authorized representative of a member of \_\_\_\_\_

AMERICA'S BEST JOB FAIRS, L.C.

deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 5,000.00 .
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$0.00 . This cash total includes amounts from 2 and 3 above.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$5,000.00 . This total includes amounts from 2 and 3 above.




\_\_\_\_\_  
Signature of a member or authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit  
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FILE NOW: Fee after May 1, will be \$263.75

APPROVED  
AND  
FILED

96 MAR 27 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 238.75		Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company  AMERICA'S BEST JOB FAIRS, L.C. 441 N.W. 189TH TERRACE PEMBROKE PINES FL 33029		DOCUMENT #L95000000449	
2. Principal Place of Business 1632 PENNSYLVANIA AVE SUITE 210 MIAMI BEACH, FLORIDA 33139 DADE		2a. Mailing Address P.O. Box 2683 SPRINGFIELD VIRGINIA 22152 FAREHAM	
3. Date Organized or Qualified 06/14/1995		3a. State of Formation FL	
4. FET Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report N/A		6. Certificate of Status Desired <input type="checkbox"/> AS % Additional Fee Required	
7. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		8. Name and Address of New Registered Agent Name STEVEN A. KASS Street Address (P.O. Box Number is Not Acceptable) 441 N.W. 189TH TERRACE Suite, Apt. #, etc. City PEMBROKE PINES FL Zip Code 33029	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE 3-12-96	
(Registered Agent Signature Required when Renewing)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	KASS, STEVEN A	441 N.W. 189TH TERRACE 1632 PENNSYLVANIA AVE SUITE 210	PEMBROKE PINES FL MIAMI BEACH, FL 200001763262 -03/29/96--01101--013 ***238.75 ***238.75 JH 3/27
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: STEVEN A KASS		3-12-96 820-351-1138	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			