

Robert A. Pierce
Ausley & McMullen

Requestor's Name

227 S. Calhoun Street

Address

Tallahassee, FL 32301

City/State/Zip

425-5457

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Integrated Professional Resources, a Limited
Liability Company
(Corporation Name)

NEW

(Document #)

2. (Corporation Name)

(Document #)

3. (Corporation Name)

(Document #)

4. (Corporation Name)

(Document #)

☒ Wait in

☐ Pickup time

☒ Certified Copy (one)

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

Profit

NonProfit

☒ Limited Liability

Domestication

Other

AMENDMENTS

Amendment

Resignation of R.A., Officer/Director

Change of Registered Agent

Dissolution/Withdrawal

Merger

OTHER FILINGS

Annual Report

Fictitious Name

Name Reservation

**REGISTRATION/
QUALIFICATION**

Foreign

Limited Partnership

Reinstatement

Trademark

Other

Examiner's Initials

AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

227 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560
Writer's Direct Line: (850) 425-5484

December 29, 1999

Secretary of State
409 East Gaines Street
Tallahassee, Florida 32301

VIA HAND DELIVERY

Re: Integrated Professional Resources, a Limited Liability Company

Dear Madam/Sir:

Enclosed are an original and one copy of the Articles of Organization for Integrated Professional Resources, a Limited Liability Company. Also enclosed are the original and one of the Certificate Designating Registered Agent and Registered Office for this company.

Also enclosed is a check in the amount of \$155.00 is enclosed, comprised of the \$100.00 filing fee, \$25.00 Designation of Registered Agent fee, and \$30.00 certified copy fee.

Please do not hesitate to phone our office if you have any questions. We will have our messenger return to pick up the certified copy and the certificate of filing.

Thank you in advance for your usual assistance in these matters.

Sincerely,



Robert A. Pierce

/dmw

Enclosures

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ARTICLES OF ORGANIZATION
OF
INTEGRATED PROFESSIONAL RESOURCES, A LIMITED LIABILITY COMPANY

ARTICLE I
NAME

The name of this limited liability company is Integrated Professional Resources, LLC referred to in these Articles of Organization as the "Company." The Company is organized pursuant to the provisions of the Florida Limited Liability Company Act.

ARTICLE II
NAME AND ADDRESS OF ORGANIZER

The name and address of the organizer of the Company is: Robbie Andrachak, 1135 Lucerne Avenue, Cape Coral, Florida 33904.

ARTICLE III
REGISTERED OFFICE AND AGENT

The street address and county of the Company's initial registered office and registered agent is: Robbie Andrachak, 1135 Lucerne Avenue, Cape Coral, Lee County, Florida 33904.

ARTICLE IV
PRINCIPAL OFFICE

The Company's initial principal office is located at: 1135 Lucerne Avenue, Cape Coral, Florida 33904.

ARTICLE V
DURATION

Unless dissolved earlier, the Company will dissolve automatically on December 31, 2087.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**ARTICLE VI
ADMISSION OF ADDITIONAL MEMBERS**

The Company may admit new members as provided in the Company's Operating Agreement.

**ARTICLE VII
CONTINUATION OF BUSINESS**

The remaining members of the Company may elect to continue the business of the Company on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member all as provided in the Company's Operating Agreement.

**ARTICLE VIII
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: Robbie Andrachak, 1135 Lucerne Avenue, Cape Coral, Florida 33904.

— The Limited Liability Company is to be managed by the members and the name and address of the managing member is:

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TALLAHASSEE FLORIDA

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization, this 23rd day of DECEMBER, 1999.

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS AFFIDAVIT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

Robbie Andrachak
Robbie Andrachak, Organizer

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TALLAHASSEE FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is Integrated Professional Resources, LLC.
2. The name and street address of the registered agent is: Robbie Andrachak, 1135 Lucerne Avenue, Cape Coral, Florida 33904.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated on 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.

This 23rd day of DECEMBER, 1999.


Robbie Andrachak

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SECRETARY OF STATE
TALLAHASSEE FLORIDA