# 

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	P WAIT MAIL
☐ FICK-OF	M 44VII
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
100789	<i>l</i> a
00662	
COLOTI	W/K
	113
POLLIC	leg. 12/12
100 uc	To lot in
	Office Use Only



100062077641

12/13/05--01010--010 \*\*160.00

O6 JAN -5 PM 3: II

FILED

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: HRM Management Serv	ices, LLC
(N	Tame of Limited Liability Company)
**	Limited Liability Company for Authorization to Transact Business in check are submitted to register the above referenced foreign limited in Florida.
Please return all correspondence conce	erning this matter to the following:
	Ms. Omega P. Paulite
	(Name of Person)
Н	RM Management Services, LLC
	(Firm/Company)
1606	3 148th Avenue, SE Suite 250
	(Address)
Ве	ellevue, Washington 98007
	(City/State and Zip Code)
For further information concerning thi	s matter, please call:
Ms. Joan Quink	at at (425 ) 373 - 9741
(Name of Person	<del>_</del>
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following a \$125.00 Filing Fee \$130.00	amount:  Filing Fee & \$\Bigsis \$155.00 \text{ Filing Fee & \$\Bigsis \$160.00 \text{ Filing Fee, Certificate}\$  Certificate of Status & Certified Copy of Status & Certified Copy



MAILING ADDRESS: 1606 148th Avenue SE, Suite 250 Bellevue, Washington 98007 WASHINGTON: Tel: (425) 373-9741 Fax: (206) 374-2582

December 29, 2005

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: HRM Management Services, LLC

Ref. Number: W05000055815

Dear Leslie,

We are pleased to submit this application for getting a Business License with correction already.

Your assistance on this matter is certainly appreciated. If you have any questions pertaining to this application please contact me at (425) 373-9741.

Sincerely,

Joan Quinlat

HRM Management Services, LLC



December 20, 2005

MS. OMEGA P. PAULITE 1606 148TH AVENUE, SE STE. 250 BELLEVUE, WA 98007

SUBJECT: HRM MANAGEMENT SERVICES, LLC

Ref. Number: W05000055815

We have received your document for HRM MANAGEMENT SERVICES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

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) 245-6853.

Letter Number: 705A00072872

Leslie Sellers Document Specialist

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

HRM Management Services, LLC	
(Name of Foreign Limited	Liability Company)
2. Ut ah (Jurisdiction under the law of which foreign limited liability company is organized)	3. <u>73 - 1638339</u> (FEI number, if applicable)
(Date of Organization)	5. Perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")
Oate first transacted business in f (See sections 608.501 & 608.502 F.	Torida, if prior to registration.) S. to determine penalty liability)
7. 1606 148th Avenue, SE Suite 250	
Bellevue, Washington 98007	
	ss of Principal Office)
8. If limited liability company is a manager-manage	d company, check here
9. The name and usual business addresses of the ma	naging members or managers are as follows:
Pepito P. Magluyan Jr P.O. Box 1987 Park Cit	y, UT 84060
Jasmin C. Labiang - 15959 NE 1st St. Bellevue	e, WA 98008
Fritz P. Magluyan - 15959 NE 1st St. Bellev	/ue, WA 98008
10. Attached is an original certificate of existence, no more than 9 the jurisdiction under the law of which it is organized. (A photoco translation of the certificate under oath of the translator must be su	
11. Nature of business or purposes to be conducted	or promoted in Florida:
Seasonal employee leasing company.	·
Schabia	authorized representative of a member.  F.S., the execution of this document constitutes
(In accordance with section 608.408(3),	Authorized representative of a member.  F.S., the execution of this document constitutes or jury that the facts stated herein are true.)

Ms. Jasmin C. Labiang
Typed or printed name of signee

# 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.

	f the Limited Liability Company is:	
HRIVI IVIANA	gement Services, LLC	
2. The name a	nd the Florida street address of the registered agent and office are:	
	Ms. Omega P. Paulite	
	(Name)	
	801 International Parkway, 5th Floor	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Lake Mary, <sub>FL</sub> 32746	
	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 608, Florida Statutes.

Mey Paulite
(Signature)

SECRETARY OF STATE

06 JAN -5 PM 3: 14

A N -5 PM 3: 1

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



#### **Utah Department of Commerce**

Division of Corporations & Commercial Code 160 East 300 South, 2nd Floor, PO Box 146705

Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849

Toll Free: (877) 526-3994 Utah Residents Fax: (801) 530-6438

Web Site: http://www.commerce.utab.gov

12/05/2005 5063050-016012052005-459631

### **CERTIFICATE OF EXISTENCE**

**Registration Number:** 

5063050-0160

**Business Name:** 

HRM MANAGEMENT SERVICES LLC

Registered Date:

February 04, 2002

Entity Type:

Limited Liability Company

**Current Status:** 

Good Standing

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division; and, that Articles of Dissolution have not been filed.



Hathy Berg

Kathy Berg Director

Division of Corporations and Commercial Code