

110700004257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

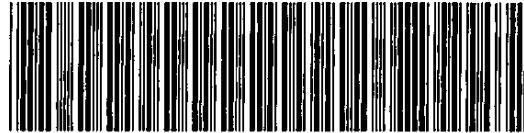
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: 1107-27677

Office Use Only



300104005853

06/08/07--01034--006 **130.00

FILED
07 JUN - 8 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HALF FULL BUSINESS SERVICES, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

LESLEY BATSON

(Name of Person)

HALF FULL BUSINESS SERVICES, LLC

(Firm/Company)

8131 VINELAND AVENUE #144

(Address)

ORLANDO, FL 32821

(City/State and Zip Code)

FILED
07 JUN -8 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LESLEY BATSON

(Name of Person)

at (773) 457-2131

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2007

LESLEY BATSON
8131 VINELAND AVENUE #144
ORLANDO, FL 32821

SUBJECT: HALF FULL BUSINESS SERVICES, LLC
Ref. Number: W07000027677

FILED
07 JUN - 8 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HALF FULL BUSINESS SERVICES, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6984.

Deborah Bruce
Document Specialist

Letter Number: 907A00039345

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

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

1. HALF FULL BUSINESS SERVICES, LLC
(Name of Foreign Limited Liability Company)
2. COOK COUNTY, ILLINOIS 3. 56-2558853
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. FEBRUARY 8, 2006 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. JANUARY 2, 2007
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 4919 SOUTH FORRESTVILLE AVENUE #3
CHICAGO, IL 60615
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒


9. The name and usual business addresses of the managing members or managers are as follows:

LESLEY BATSON, 8131 VINELAND AVENUE #144, ORLANDO, FL 32821

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

INFORMATION TECHNOLOGY AND BUSINESS CONSULTING SERVICES



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes
an affirmation under the penalties of perjury that the facts stated herein are true.)

LESLEY BATSON

Typed or printed name of signee

FILED
07 JUN - 8 AM 8:59
SECRETARY OF STATE
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:

HALF FULL BUSINESS SERVICES, LLC

2. The name and the Florida street address of the registered agent and office are:

LESLEY BATSON

(Name)

8131 VINELAND AVENUE #144

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

ORLANDO

FL 32821

City/State/Zip

FILED
07 JUN -8 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.



(Signature)

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

File Number 0176014-9



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, hereby certify that

HALF FULL BUSINESS SERVICES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 08, 2006, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

FILED
07 JUN -8 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Authentication #: 0719100394

Authenticate at: <http://www.cyberdriveillinois.com>

*In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 10TH
day of JULY A.D. 2007*

Jesse White

SECRETARY OF STATE