Division of Comorations

from: @mma Richardson

Page 1of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000030131 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From;

Account Name : LEGALZOOM.COM INC.

Account Number: I20010000062 Phone : (323) 962-8600

Fax Number : (323) 962-3889 J. Shavers MAR 1 2 2014

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company PREFERRED RESUME GROUP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	Registration Section
	Division of Corporations

PREFERRED RESUME GROUP, 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:

	lme	elda Vasquez	
	Ŋ	lame of Person	
	Legal	zoom.com, Inc.	
	F	irm/Company	
	100 W. B	roadway Suite 1	00
	· 	Address	
	Glend	lale, CA 91210	
~	City/S	State and Zip Code	
MDELUCA72	8@OPTONLINE.NI	= T	
		- '	
	E-mail address: (to be use		ort notification)
	E-mail address: (to be use		ort notification)
er information concerning	E-mail address: (to be use	d for future annual rep	ort notification) 962-8600
er information concerning	E-mail address: (to be use	d for future annual rep	ŕ
er information concerning	E-mail address: (to be use this matter, please call: Contact Person STRE Divisic Registr Clifton	323	962-8600 Daytime Telephone Numb
Imelda Vasquez Name of MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327	E-mail address: (to be use this matter, please call: Contact Person STRE Divisic Registr Clifton 2661 E	at (323 Area Code ET ADDRESS: on of Corporations aution Section Building	962-8600 Daytime Telephone Numb
er information concerning Irnelda Vasquez Name of MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327	E-mail address: (to be use this matter, please call: Contact Person STRE Divisic Registr Clifton 2661 E Tallahe	at (323 Area Code ET ADDRESS: on of Corporations aution Section Building executive Center Circles	962-8600 Daytime Telephone Numb

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PREFERRED RESUME GROUP, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Com	pany," "L.L.C.," or "LLC.")
•	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Flori Liability Company," "LL.C," or "LLC.")	da. The alternate name must include "Limited
2. New York 3.	
(Jurisdiction under the law of which foreign limited liability (FE company is organized)	I number, if applicable)
1/01/2014	
(Date first transacted business in Florida, if prior to registrat (See sections 605.0904 & 605.0905, F.S. to determine penalty	ion.) liability)
9358 Chiaso Court	
Naples, FL 34114	7 7 8 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
(Street Address of Principal Office)	
5	
·	man in the
(Mailing Address)	<u> </u>
(Maung Address)	<u></u>
7. The name, title or capacity and address of the person(s) who has/have Mary DeLuca, Member, 9358 Chiaso Court, Nap	
3. Attached is an original certificate of existence, no more than 90 days of naving custody of records in the jurisdiction under the law of which it is o acceptable. If the certificate is in a foreign language, a translation of the comust be submitted)	rganized. (A photocopy is not
Mary the Luca Signature of an authorized person	
() Signature of an authorized person in accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the maware that any false information submitted in a document to the Department of State constitutes a third de	
Mary DeLuca	

Typed or printed name of signee

TO:

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liabil	ity Company is: JME GROUP, LLC	
		sed in the state of Florida is:	
2. The name	and the Florida street Mary DeLi	address of the registered agent and office are	:
		(Name)	
	9358 Chia		
	Florida	Street Address (P.O. Box NOT ACCEPTABLE)	
	Naples	FL 34114	
		City/State/Zip	0.5 %

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, Florida Statutes.

Mary De Luca
(Signature)

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

State of New York **Department of State**

} ss:

I hereby certify, that PREFERRED PLACEMENT GROUP, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/16/2007, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment PREFERRED PLACEMENT GROUP, LLC, changing its name to PREFERRED RESUME GROUP, LLC, was filed 01/22/2009.



201402030430 * 30

Witness my hand and the official seal of the Department of State at the City of Albany, this 31st day of January two thousand and fourteen.

Anthony Giardina **Executive Deputy Secretary of State**