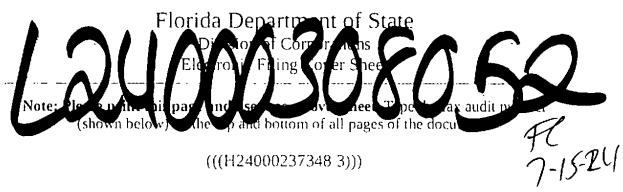
Division of Corporations





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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)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:_____

FLORIDA LIMITED LIABILITY CO.

Professional Staffing Services LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Professional Staffing Services LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office 2	Address:
--------------------	----------

Mailing Address:

7901 4th St N STE 300

7901 4th St N STE 300

St. Petersburg, FL 33702

St. Petersburg, Ft. 33702

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

_					
RAC	neta	rod	Ago	nte	Inc
1100	11310		740	1110	1110

Name

7901 4th SLN STE 300

Florida street address (P.O. Box NOT acceptable)

St. Petersburg FL 33702

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 JUL 12 PM 12: 43

7/12/2024 10 33.17 PDT To 18506176381 Page. 3/4 Fax: 8134365

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

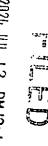
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 		.790.1_4th_St_N_STE 200			
		St. Retersburg, FL 33702		•••	
AMBR		Quiros Rodríguez, Juan David			
		7901 4th St N STE 300		_	
		St. Petersburg, FL 33702			
AMBR		Moraga Dugua, Mariana			
VIAIDII		Moreno Duque, Mariana 7901 4in St N STE 300			
		St. Petersourg, Ft. 33702			
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AMBR		Picon Hossain, Rafael de Jesus	. <u>—</u>		
		7901 4th St N STE 300		_	
		St. Petersburg, FL 33702		_	
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Attachment to ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	
AMBR	Ramirez Vanegas, Juan Manuel
	7901 4th St N STE 300
	St. Petersburg, FL 33702
AMBR	Naranjo Henao. Daniela
	7901 4th St N STE 300
	St. Petersburg, FL 33702
AMBR	Ceballos Vera, Jacobo
	7901 4th St N STE 300
	St. Petersburg, FL 33702
AMBR	Giraldo Gomez, Juan Camilo
-	7901 4th St N STE 300
	St. Petersburg, FL 33702
	.
 	
	

SECALISAY DE STATE



Fax 8134365