U.S. Department of Labor Office & Labor-Management Standards Washington, DC 20210

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 07-31-2019



1. File NUMber:

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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Person Filing		
Name and mailing address (include ZIP Code):		Any other address where records necessary to verify this report are kept:
Name Monica Mejia		Name
Title Consulfatat		Title
Organization Creative, Stluting, Visites U.S.		Organization
P.O. Box, Bldg., Room No., if any PUBUX 4228/2		P.O. Box, Bldg., Room No., if any
Street		Street
city Kusimmee		City
State ZIP Code + 4 3 4 7 1/2		State
4. Date fiscal year ends:	5. Type of person:	
Dec. / 178	a. Individual b. Partnership	Corporation d Other (Specify)
	A Factor Things In Co.	$\epsilon_{0,\sigma}$
Nature of Agreement or Arrangement		
6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into		
Name DarJ Retat		4 / 16 / 18
Organization Government Resources of America		8. Name of person(s) through whom made:
Trade Name, if any		Name David Kilfo
P.O. Box, Bldg., Room No., if any		Name
Street 253 Commerce Dr.		Name
City Grays lake		Name
State 12	ZIP Code + 4 6.0030	Name
Signatures		
Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII) on penalties in the instructions.)		
13 Signed Monico	President (If other title, see instructions)	Title Treasurer (If other title, see instructions)
On	407)6035135 Telephone Number	On

Filer: Monica Mejia	File Number C- 00568 66659			
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9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly.				
a. To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.				
b. To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.				
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):				
To provide professional consultry Jances as described in Section 11				
Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instructions):				
a. Nature of activity:				
Educate employees on their rights to vote under the NLRA				
11.b. Period during which performed:	11.c. Extent performed:			
April 15 20 8	Here 30 2018 management and a second and a s			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Monica Melia	Name			
Organization Colonies Solutions & Visious LLC	Organization			
P.O. Box, Bldg., Room No., if any 15 Box 432812	P.O. Box, Bldg., Room No., if any			
Street ***	Street Street			
City Kissimme	City Lapa Gaba (2004) Size of State (2004) Size of			
State ZIP Code + 4 39-747	State ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
All FT + PT employees eligible to	UNITE HERE LOCAL			