

13040000000402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

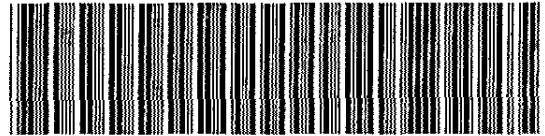
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09/21/04--01044--013 \*\*96.25

FILED  
04 SEP 21 PM 1:46  
TALLAHASSEE, FLORIDA  
RECEIVED  
04 SEP 21 PM 12:01  
TALLAHASSEE, FLORIDA  
DIVISION OF STATE  
CORPORATIONS

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

**FILE SECOND!**

CONTACT: KATIE WONSCH

DATE: 9/21/04

REF. #: 0638.30078

CORP. NAME: VENTURI STAFFING PARTNERS, LP.

**FILED**  
04 SEP 21 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION        | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                    | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input checked="" type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                    | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION      |   |  |
| <input type="checkbox"/> OTHER:                           |   |  |

STATE FEES PREPAID WITH CHECK# 509730 FOR \$ 96.25

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> CERTIFIED COPY                   | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input checked="" type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

FILED  
04 SEP 21 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

1. Venturi Texas Staffing Partners, LP

(Name of limited partnership as it is in the home state)

2. \_\_\_\_\_

(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida must contain the word "LIMITED" or "LTD.")

3. Texas

(State of Formation)

4. December 20, 2002

(Date of Formation)

5. \_\_\_\_\_

C T Corporation System

(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road

(Street Address of Registered Office)

Plantation

(City)

Florida

33324

(Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

C T Corporation System

By: \_\_\_\_\_

(Agent must sign on this line)

Allan Farnell, Assistant Vice  
President

8. 5 LakePointe Plaza, 2nd Floor

Charlotte, NC 28217

(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

Venturi Staffing Partners, Inc.

5 LakePointe Plaza, 2nd Floor, Charlotte, NC 28217

F0400005361

10. 5 LakePointe Plaza, 2nd Floor, Charlotte, NC 28217

(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

12. 5 LakePointe Plaza, 2nd Floor, Charlotte, NC 28217

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 16 day of September, 2004

VENTURE STAFFING PARTNERS, LLC

BY: [Signature]

General Partner

Ken R. Bramlett, Jr., Senior VP and Secretary  
North Carolina

STATE OF

COUNTY OF Mecklenburg

On this 16 day of September, 2004

Ken R. Bramlett, Jr., personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

[Signature]  
(Notary Public Signature)

Angela M. Bush  
(Notary's Printed Name)

Seal

My Commission Expires:

My Commission Expires July 20, 2008

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP**

BEFORE ME the undersigned personally appeared Ken R. Bramlett, Jr., Senior VP and Secretary of Venturi  
a general partner of Venturi Texas Staffing Partners, LP, a (an) Texas  
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 1,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ - 0 -.

*Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

Signed this 16 day of September, 2004.

VENTURI STAFFING PARTNERS, LLC

BY: [Signature]  
Ken R. Bramlett, Jr. General Partner  
Senior VP and Secretary

STATE OF North Carolina

COUNTY OF Mecklenburg

On this 16 day of September, 2004,

Ken R. Bramlett, Jr., personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

[Signature]  
(Notary Public Signature)

Angela M. Bush  
(Notary's Printed Name)

**My Commission Expires July 20, 2005**

Seal My Commission Expires: \_\_\_\_\_