

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

**L010000006541**

Florida Employee Management, LLC

900004084379--0  
-04/27/01--01038--003  
\*\*\*\*125.00 \*\*\*\*125.00

APPROVED  
AND  
FILED  
01 APR 27 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 APR 27 AM 10:37  
NOT RECORDED  
TO ACHIEVE  
SUFFICIENCY OF FILING

☒ Art of Inc. File \_\_\_\_\_  
☐ LTD Partnership File \_\_\_\_\_  
☐ Foreign Corp. File \_\_\_\_\_  
☒ L.C. File \_\_\_\_\_  
☐ Fictitious Name File \_\_\_\_\_  
☐ Trade/Service Mark \_\_\_\_\_  
☐ Merger File \_\_\_\_\_  
☐ Art. of Amend. File \_\_\_\_\_  
☐ RA Resignation \_\_\_\_\_  
☐ Dissolution / Withdrawal \_\_\_\_\_  
☐ Annual Report / Reinstatement \_\_\_\_\_  
☐ Cert. Copy \_\_\_\_\_  
☒ Photo Copy \_\_\_\_\_  
☐ Certificate of Good Standing \_\_\_\_\_  
☐ Certificate of Status \_\_\_\_\_  
☐ Certificate of Fictitious Name \_\_\_\_\_  
☐ Corp Record Search \_\_\_\_\_  
☐ Officer Search \_\_\_\_\_  
☐ Fictitious Search \_\_\_\_\_  
☐ Fictitious Owner Search \_\_\_\_\_  
☐ Vehicle Search \_\_\_\_\_  
☐ Driving Record \_\_\_\_\_  
☐ UCC 1 or 3 File \_\_\_\_\_  
☐ UCC 11 Search \_\_\_\_\_  
☐ UCC 11 Retrieval \_\_\_\_\_  
☐ Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date 4/27/01

Time 9:27

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
FLORIDA EMPLOYEE MANAGEMENT, LIMITED LIABILITY COMPANY**

The undersigned person(s) pursuant to the provisions of the Florida Limited Liability Company Act, hereby adopt the following Articles of Organization:

**FIRST:** The name of the Limited Liability Company shall be FLORIDA EMPLOYEE MANAGEMENT, L.L.C. (hereinafter "Company").

**SECOND:** The period of its duration shall be perpetual.

**THIRD:** The mailing address and street address of the principal office is 8841 College Parkway, Suite 102, Fort Myers, FL 33919.

**FOURTH:** The name and street address of the registered agent within the State of Florida is Thomas F. Kiesel, 2121 McGregor Boulevard, Fort Myers, FL 33901.

**FIFTH:** The Limited Liability Company is to be **member** managed.

**SIXTH:** The person or persons executing these Articles of Organization is (are) a member or the authorized representative of a member of the Limited Liability Company.

**IN WITNESS WHEREOF**, the undersigned have executed these Articles of Organization of and acknowledged them to be our act and deed this 26<sup>th</sup> day of April, 2001.

Signed: \_\_\_\_\_

Robert H. Whitlock, Member

STATE OF FLORIDA       )  
COUNTY OF LEE        )

SWORN TO and subscribed before me this 26<sup>th</sup> day of April, 2001, by ROBERT H. WHITLOCK who [ ✓ ] is personally known to me or who [    ] has produced \_\_\_\_\_ as identification and who did take an oath.

\_\_\_\_\_  
Notary Public



Thomas F. Kiesel  
MY COMMISSION # CC691778 EXPIRES  
February 25, 2002  
BONDED THRU TROY FAIR INSURANCE, INC.

01 APR 27 AM 11:21  
AND  
FILED  
SECRETARY OF STATE  
PALM BEACH, FLORIDA

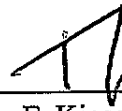
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Florida Employee Management, L.L.C.
2. The name and address of the registered agent and office is:

Thomas F. Kiesel  
2121 McGregor Boulevard  
Fort Myers, FL 33901

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.



Thomas F. Kiesel, Registered Agent

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