

L0100 0017151

Daren Botero

(Requestor's Name)

Pennington Law Firm

(Address)

222-3533

(City, State, Zip)

(Phone #)

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****125.00 ****125.00

OFFICE USE ONLY

*Please call when ready.
Thanks*

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

RECEIVED
01 OCT -5 PM 2:23
DIVISION OF CORPORATION

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark

APPROVE
AND
FILED
01 OCT -5 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BB
10-5-01

Examiner's Initials

ARTICLES OF ORGANIZATION**OF****WORKSTAFF PERSONNEL OF FLORIDA, L.L.C.**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is Workstaff Personnel of Florida, L.L.C. (hereinafter referred to as the "Company").

2. PERIOD OF DURATION.

The period of duration of the Company shall not exceed the maximum term permitted under the Florida Limited Liability Company Act. The Company may be dissolved sooner, however, as provided in the Florida Limited Liability Company Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. PURPOSE.

The purpose for which the Company is organized is to purchase, own, sell, mortgage, and do everything incidental or necessary relating to real property and personal property, including farming, timber farming, development, and to engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

APPROVED
AND
FILED

01 OCT -5 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. ADDRESS OF PLACE OF BUSINESS.

The street and mailing address of the place of business in Florida for the Company is: 2749 Capital Circle N.E., Tallahassee, Florida 32308. Such address may be changed from time to time as provided in the Operating Agreement.

5. REGISTERED AGENT.

The initial registered agent in Florida for the Company is: Kenneth S. Cone, and the initial registered office is located at 2749 Capital Circle N.E., Tallahassee, Florida 32308.

6. INITIAL CAPITAL CONTRIBUTIONS.

The total amount of cash and a description of the agreed value of property other than cash contributed to the Company are as follows: Two Hundred and No/100 Dollars (\$200.00) in cash.

7. ADDITIONAL CONTRIBUTIONS.

The total additional contributions, if any, agreed to be made by all Members and the times at which such contributions shall be made, are as follows: No total additional contributions have been agreed to as of the date of filing of these Articles of Organization. Additional contributions, if any, will be made as provided in the Operating Agreement.

8. MEMBERS; ADMISSION OF NEW MEMBERS.

The Company shall have at least one (1) member (the "Member"). New Members may be admitted in the manner provided in the Operating Agreement.

9. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

10. MANAGEMENT.

The management of the Company shall be reserved to the Members. The Initial Members are as follows:

1. Kenneth S. Cone
2749 Capital Circle N.E.
Tallahassee, Florida 32308

11. INDEMNIFICATION.

Unless expressly agreed otherwise in writing by all of the Members, the Company shall indemnify any Member or former Member to the full extent permitted under the Florida Limited Liability Company Act.

Executed at Thomasville, Georgia, on the 1st day of

October, 2001.

By:


KENNETH S. CONE, Member

STATE OF GEORGIA,

COUNTY OF THOMAS.

The foregoing instrument was acknowledged before me this 1st day of Oct., 2001, by KENNETH S. CONE, a member of Workstaff Personnel of Florida, L.L.C., a Florida limited liability company, on behalf of the company. He is personally known to me or has produced _____ as identification.

Rita Bundrick
NOTARY PUBLIC - STATE OF GEORGIA

(SEAL)

Rita Bundrick
Print, Type or Stamp Name of Notary
Public NOTARY, GEORGIA
RESIDING IN THOMAS COUNTY, GEORGIA
MY COMMISSION EXPIRES 4-30-2005

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APPROVED
AND
FILED
01 OCT -5 PM 3:06
SECRETARY OF STATE
601 ADAMS STREET, FLORIDA

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

Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: Workstaff Personnel of Florida, L.L.C.

2. The name and address of the registered agent and office is:

Kenneth S. Cone
(NAME)

2749 Capital Circle N.E.
(P.O. BOX NOT ACCEPTABLE)

Tallahassee, Florida 32308
(CITY/STATE/ZIP)

SIGNATURE 

TITLE Member

DATE Oct 1, 2001

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.

SIGNATURE 

DATE Oct 1, 2001

REGISTERED AGENT FILING FEE: \$25.00