

# LO20000003901

## Lindell & Kellison, P.A.

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2/12

February 8, 2002

MJH

The Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

800004911728--8  
-02/12/02--01053--004  
\*\*\*\*130.00 \*\*\*\*130.00

Re: Articles of Organization for Career Development Solutions, LLC

Dear Sir/Madam:

Enclosed please find an original and two copies of Articles of Organization for Career Development Solutions, LLC along with our firm's check in the amount of \$130.00 for the following:

Filing Fee	\$100.00
Registered Agent Fee	\$ 25.00
Certificate of Status	\$ <u>5.00</u>
Total	<u>\$130.00</u>

Please file the original Articles and return the Certificate of Status to me. If you have any questions or need anything further, please contact me.

Sincerely,

LINDELL & KELLISON, P.A.

Lee G. Kellison/sf  
Lee G. Kellison

LGK/jlc

Enclosures

F:\WP61\WPDOCS\LK\WORK\CLIENTS\CareerDev\SecofState.1.doc

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02 FEB 12 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR  
CAREER DEVELOPMENT SOLUTIONS, LLC**

**ARTICLE I - NAME**

The name of the limited liability company is Career Development Solutions, LLC.

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of Career Development Solutions, LLC, is 4600 Touchton Road, Jacksonville, Florida 32246.

**ARTICLE III - DURATION**

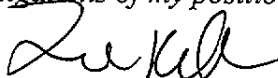
The period of duration for Career Development Solutions, LLC, shall be perpetual commencing with the filing of these Articles of Organization.

**ARTICLE IV - REGISTERED AGENT, REGISTERED OFFICE,  
& REGISTERED AGENT'S SIGNATURE**

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

Lee G. Kellison  
12276 San Jose Boulevard, Suite 126  
Jacksonville, Florida 32223

*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 608, F.S..*



\_\_\_\_\_  
Lee G. Kellison

**ARTICLE V - MANAGEMENT**

Career Development Solutions, LLC, is to be managed by the members. The name and address of the members at this time are:

Brady Corporate Services, Inc.  
121-C 13<sup>th</sup> Avenue S.  
Jacksonville Beach, Florida 32250

Pamela Parker Dungan  
d/b/a ValuesWork Management  
Consulting  
873 Sawyer Run Lane  
Ponte Vedra Beach, FL 32082

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE VI - ADMISSION OF ADDITIONAL MEMBERS**


Additional members may be admitted to Career Development Solutions, LLC only upon the unanimous written consent of the existing members.

**ARTICLE VII - MEMBERS' RIGHTS TO CONTINUE BUSINESS**

In the event of the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member, or the occurrence of any event which terminates the continued membership of a member in the company, the remaining member, or members, shall have the right to continue the business of the company, subject to the terms of any operating agreement, members' agreement or similar agreement entered into hereafter between the parties.

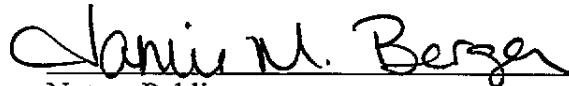
IN WITNESS WHEREOF, the undersigned members of Career Development Solutions, LLC, have hereunto set their hands and have affixed their seals this 7th day of February, 2002.

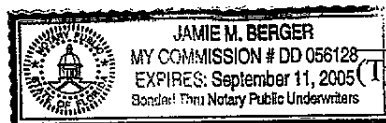
  
BRADY CORPORATE SERVICES, INC., Member  
By: Mary E. Brady, its President

  
PAMELA PARKER DUNGAN d/b/a  
VALUESWORK MANAGEMENT  
CONSULTING, Member

STATE OF FLORIDA )  
COUNTY OF DUVAL )

The foregoing instrument was acknowledged before me this the 7th day of February, 2002, by Mary E. Brady, President of Brady Corporate Services, Inc., who is personally known to me, or who has produced his drivers license or other type of identification her and who did take an oath.

  
Notary Public  
My Commission Expires: \_\_\_\_\_

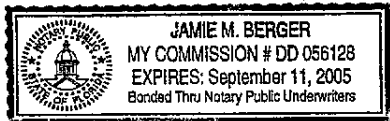


(Typed, Stamped or Printed)

Serial Number (if any)

STATE OF FLORIDA )  
COUNTY OF DUVAL )

The foregoing instrument was acknowledged before me this the 7<sup>th</sup> day of February, 2002, by, Pamela Parker Dungan who is personally known to me, or who has produced his drivers license or other type of identification \_\_\_\_\_, and who did take an oath.



Jamie M. Berger  
Notary Public

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

\_\_\_\_\_  
(Typed, Stamped or Printed)

\_\_\_\_\_  
Serial Number (if any)