

603000005248

03 FEB 12 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

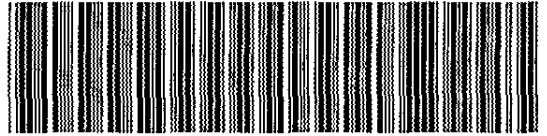
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600011119746

RECEIVED
03 FEB 12 01:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FILED
03 FEB 12 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032
REFERENCE : 925943 7367260
AUTHORIZATION : *Patricia Pizant*
COST LIMIT : \$ 125.00

ORDER DATE : February 10, 2003

ORDER TIME : 2:53 PM

ORDER NO. : 925943-001

CUSTOMER NO: 7367260

CUSTOMER: Ms. June M. Kalish
Ms. June M. Kalish

2980 Monica Terrace

Kissimmee, FL 34744

DOMESTIC FILING

NAME: J.KALISH MANAGEMENT OUTSOURCE
SOLUTION, LLC

EFFECTIVE DATE:

 ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

03 FEB 12 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

J. KALISH MANAGEMENT OUTSOURCE SOLUTION, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

2980 MONICA TERRACE, KISSIMMEE, FL 34744

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

JUNE KALISH
Name
2980 MONICA TERRACE
Florida street address (P.O. Box **NOT** acceptable)
KISSIMMEE FL 34744
City, State, and Zip

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.

JUNE KALISH

BY: _____

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Deborah D. Skipper
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DEBORAH D. SKIPPER

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

J.KALISH MANAGEMENT OUTSOURCE SOLUTION, LLC

FILED

MANAGING MANAGERS LIST

03 FEB 12 PM 1:11

JUNE KALISH
2980 MONICA TERRACE
KISSIMMEE, FL 34744

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

xxk

FILED

03 FEB 12 PM 1:

SECRETARY OF STA
TALLAHASSEE, FLOR

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of J. KALISH MANAGEMENT OUTSOURCE SOLUTION, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 12 day of Feb, 2003

June Kalish
Signature

JUNE Kalish
Print Name of Signer

[Handwritten Signature]
Signature

HEATHER J. DEWITT
Print Name of Witness

Michelle L. Suffield
Signature

Michelle L. Suffield
Print Name of Witness