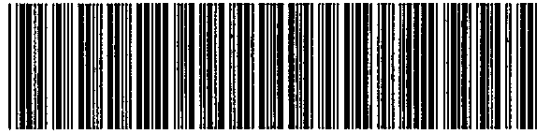


L040000 30530

(Requestor's Name)

(Address)



800032256148

Sender's Name _____ Phone _____
Company _____
Address _____ Dept./Floor/Suite/Room _____
City _____ State _____ ZIP _____

01/09/04 - 01058 - 013 **125.00

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2595

W04-14702

Office Use Only

01/09/04 12:11 PM
Filing Officer

42104



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 15, 2004

ORANGE COUNTY STAFFING
3700 CURRY FORD RD, C-9
ORLANDO, FL 32806

SUBJECT: ORANGE COUNTY STAFFING
Ref. Number: W04000014702

We have received your document for ORANGE COUNTY STAFFING and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 004A00025023

04/15/04 PM 5:11
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Orange County Staffing "L.L.C."

ARTICLE II - Address:

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

Principal Office Address:

3700 Curryford Rd C-9
Orlando, FL 32806

Mailing Address:

P.O. Box 574995
ORLANDO, FLA 32857-4995

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

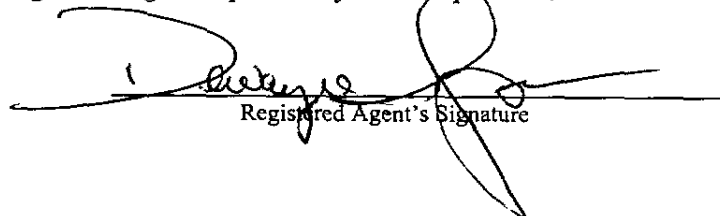
The name and the Florida street address of the registered agent are:

Dewayne O. Ingram
Name

3700 Curryford Rd C-9
Florida street address (P.O. Box **NOT** acceptable)

Orlando FLORIDA 32806
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, Florida Statutes..


Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

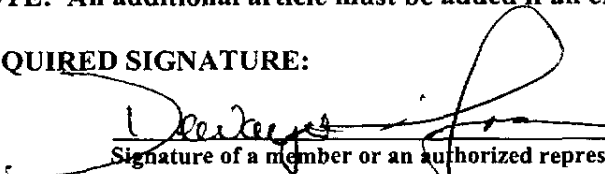
Name and Address:

Dewayne O. Ingram
3700 Dumfries Rd C-9
Orlando, FL 32806

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

DEWAYNE O. INGRAM
Typed or printed name of signee

04/09/21 PM 5:01
SUBMITTED FOR
FILING
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 04/09/21 BY 60322

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)