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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 991052 7295882

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 125.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : November 23, 2004

ORDER TIME : 3:46 PM

ORDER NO. : 991052-005

CUSTOMER NO: 7295882

CUSTOMER: Mr. George G. Zoller
Penn Landfill Gas Company

Suite 289
295 Swedesford Road
Wayne, PA 19087

DOMESTIC FILING

NAME: PERFORMANCE STAFFING OF FLORIDA, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

PERFORMANCE STAFFING OF FLORIDA, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

330 SOUTH DIXIE HIGHWAY
SUITE 4
LAKEWORTH, FLORIDA
33454

Mailing Address:

295 SWEDESFORD ROAD
SUITE 289
WAYNE, PA 19087

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FLORIDA 32301
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..

Corporation Service Company
By: Jill E. Cilmi
Registered Agent's Signature
Jill E. Cilmi, Authorized Representative

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	GEORGE G. ZOLLER SUITE 289 295 SWEDESFORD ROAD WAYNE, PA 19087
MGR	TOM POTTS SUITE 289 295 SWEDESFORD ROAD WAYNE, PA 19087

(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.)

By: GEORGE G. ZOLLER
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)