

L04000085034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

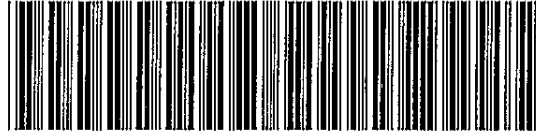
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04 NOV 23 PM 5:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 NOV 23 PM 3:58
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 991052 7295882

AUTHORIZATION :

Patricia Pizik

COST LIMIT : \$ 125.00

FILED
04 NOV 23 PM 5:43
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: _____

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

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04 NOV 23 PM 5:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Mailing Address:

330 SOUTH DIXIE HIGHWAY

295 SWEDSFORD ROAD

SUITE 4

SUITE 289

LAKEWORTH, FLORIDA

WAYNE, PA 19087

33454

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 Days 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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

GEORGE G. ZOLLER
SUITE 289 295 SWEDGESFORD ROAD
WAYNE, PA 19087

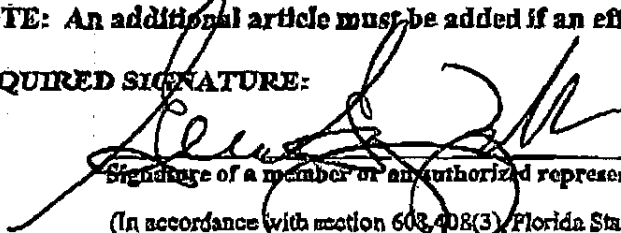
MGR

TOM POTTS
SUITE 289 295 SWEDGESFORD 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 603.408(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 signer

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)