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(Requestor's Name)		
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(Address)		
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(City/State/Zip/Phone #)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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## TRANSMITTAL LETTER

	IKANSMITTAL LETTEK				
	stration Section sion of Corporations	MISMA 21 PM 1:38			
SUBJECT:	Global Staffing Agency, LLC	多一			
	(Name of Limited Liability Company)				
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return	Please return all correspondence concerning this matter to the following:				
	Pamela M. Alexander				
	(Name of Person)				
Global Sta	fing Agency, LLC				
	(Firm/Company)	<del></del>			
P.	D. Box 7472				
_	(Address)				
	Lakeland, FL 33807				
	(City/State and Zip Code)				
For further in	ormation concerning this matter, please call:				
Pamela M.	lexander at ( 863 ) 529-3538				
Faittela IVI.	(Name of Person) at (863 ) 329-3336 (Area Code & Daytime Telephone Number)	-			
Enclosed is	check for the following amount:				
∄ \$125,00 F	ling Fee  \$\Bigcup \$130.00 \text{ Filing Fee & Certificate of Status}\$  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	tus &			

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 **MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLE I - N	lame: Limited Liability Compa	nv is:	411
The name of the	Emitted Eldonity Compt		7
Global Staffing Ag	gency, LLC		
ARTICLE II - A		the principal office of the Limited Liability Company	い。 is:
Principal Office	e Address:	Mailing Address:	
1839 East Edgew	ood Drive	P.O. Box 7472	
Lakeland, FL 338		Lakeland, FL 33807	
ARTICLE III -	Registered Agent, Regi	stercd Office, & Registered Agent's Signature:	
		stered Office, & Registered Agent's Signature: of the registered agent are:	
	ne Florida street address o		
	Pamela M. Alexander	of the registered agent are:	
	e Florida street address of Pamela M. Alexander 6875 Shadow Cast Lan	of the registered agent are:	
	e Florida street address of Pamela M. Alexander 6875 Shadow Cast Lan	of the registered agent are:  Name	
	Pamela M. Alexander  6875 Shadow Cast Lan  Florida st  Lakeland FL 33813	of the registered agent are:  Name	

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:					
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:				
MGR	Pamela M. Alexander				
	6875 Shadow Cast Lane				
	Lakeland, FL 33813				
MGRM	Tommie L Pullins, Jr.				
	106 W Magnolia Ave., Apt D				
	Savannah, GA 31419				
(Use attachment if necessary)					
NOTE: An additional article must be added if an effective date is requested.					
REQUIRED SIGNATURE:					
Parmie (	Alive to				
	an authorized representative of a member.				
	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury a are true.)				
Tommie L. Pullins, Jr					
Typed or printed name of signee					

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)