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SECRETA OF THE SECRETARY OF THE SECRETAR

G. MCLEOD

JAN 14 2008

EXAMINER

COVER LETTER

то:	Registration Se Division of Cor	ction porations AHn	Gina Ma	Cloud
SUBJECT: A & S Staffing, LLC				
(Name of Limited Liability Company)				
The en	iclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please	return all correspo	ndence concerning this mat	ter to the following:	
	Cedric G. S	Sampson		
		4	(Name of Person)	
	A & S Staff	fing, LLC		
			(Firm/Company)	
	2898 66th	St. N Ste. #6		
			(Address)	
	Saint Peter	rsburg, FL 33710		
		(Ci	y/State and Zip Code)	
For fu	rther information c	oncerning this matter, pleas	e call:	
Ced	ric G. Samp	oson	_ _{at} (727) 412-54	11
	(Name o	of Person)	(Area Code & Daytime T	elephone Number)
Enclo	sed is a check for	the following amount:		
revio	_	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
	For roup, LLC	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:
A & S Staffing, LLC	
	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2898 66th St. N Ste. #6	2898 66th St. N Ste. #6
Saint Petersburg, FL 33710	Saint Petersburg, FL 33710
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are:
Cedric G. Sam	
<u> </u>	Name

4135 Burlington Ave N

Florida street address (P.O. Box NOT acceptable)

Saint Petersburg, FL 33713

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.

Registered Agent's Signature (REOUIRED)

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 Memb	Name and Address:
MOKW — Managing Memo	ICI
MGRM	Cedric G. Sampson
	4135 Burlington Ave N
	Saint Petersburg, FL 33713
MGR	Yvonne A. Hunt
	4135 Burlington Ave N
	Saint Petersburg, FL 33713
MGR	Candi J. Arnold
	4135 Burlington Ave N
	Saint Petersburg, FL 33713
MGR	Georgia A. Arnold
	4135 Burlington Ave N
	Saint Petersburg, FL 33713
(Use attachment if necessary)	
TICLE V: Effective date, if other an effective date is listed, the date or 90 days after the date of filing.)	must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	a member or an authorized representative of a member.
_	e with section 608.408(3), Florida Statutes, the execution

Cedric G. Sampson

that the facts stated herein are true.)

Typed or printed name of signee

of this document constitutes an affirmation under the penalties of perjury

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)