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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694

Fax Number

: (305)633-9696

ORIDA/FOREIGN LIMITED LIABILITY CO.

workforce development group, llc

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Estimated Charge	\$155.00

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EMPIRE CORP KIT

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

WORKFORCE DEVELOPMENT GROUP, LLC

ARTICLE I

The name of the Limited Liability Company shall be: WORKFORCE DEVELOPMENT GROUP, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company: 20283 STATE ROAD 7, SUITE 300, BOCA RATON, FL 33498

ARTICLE IV

The name and the Florida street address of the registered agent: GARY KELMAN, 20283 STATE ROAD 7, SUITE 300, BOCA RATON, FL 33498

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SECRETARY OF STATE DIVISION OF CORPORATION

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

WORKFORCE DEVELOPMENT GROUP, LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

GARY KELMAN

Signature of 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

Typed or printed name of signee

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