Florida Department of State

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: RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, P.A. Account Name

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FLORIDA/FOREIGN LIMITED

Staffing Resources, LLC

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MAY - 9 2008

EXAMINER

5/8/2008



May 7, 2008

FLORIDA DEPARTMENT OF STATE

Division of Corporations

RUDEN, MCCLOSKY, SMITH, ET. AL.

SUBJECT: STAFFING RESOURCES, LLC

REF: W08000022938

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Claretha Colden Regulatory Specialist II New Filing Section FAX Aud. #: H08000122933 Letter Number: 008A00029268

ARTICLES OF ORGANIZATION OF STAFFING RESOURCES, LLC a Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

- 1. <u>NAME</u>. The name of the Limited Liability Company is: STAFFING RESOURCES, LLC (the "Company").
- 2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing address for the Company is: 1560 Sawgrass Corporate Parkway, 4th Flr., Sunrise, FL 33323.
- 3. <u>REGISTERED AGENT</u>. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Jean Olan, 1560 Sawgrass Corporate Parkway, Sunrise, FL 33323.

The undersigned has executed these Articles of Organization on the 4th day of May, 2008.

3y:__

an Olan, Authorized Representative

SECRETARY OF STATE BIVISION OF CORPORATIONS

CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: \$TAFFING RESOURCES, LLC
- 2. The name and address of the registered agent and office is:

Jean Olan 1560 Sawgrass Corporate Parkway, 4th Floor Sunrise, FL 33323

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 its 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.

Jean Olan, Registered Agent

5/4/08

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS