

208000046647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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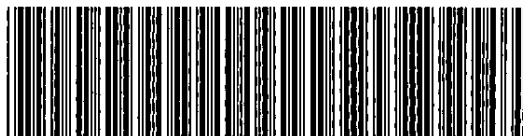
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE

MAY 09 2008

EXAMINER

# MURTHA CULLINA LLP

A T T O R N E Y S   A T   L A W

CITYPLACE I  
185 ASYLUM STREET  
HARTFORD, CONNECTICUT 06103-3469

TELEPHONE (860) 240-6000  
FACSIMILE (860) 240-6150  
www.murthalaw.com

PATRICIA E. RODGERS  
CORPORATE PARALEGAL  
(860) 240-6115 DIRECT TELEPHONE  
(860) 240-5915 DIRECT FACSIMILE  
PRODGERS@MURTHALAW.COM

May 6, 2008

VIA UPS NEXT DAY AIR

Department of State  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
08 MAY -8 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Verostaff, LLC

Ladies and Gentlemen:

Enclosed for filing are an original and one copy of the Articles of Organization for Verostaff, LLC. Also enclosed is this firm's \$155 check to cover the filing and certification fees.

Please return all corresponding concerning this matter: to:

Patricia E. Rodgers  
Corporate Paralegal  
Murtha Cullina LLP  
CityPlace I, 185 Asylum Street  
Hartford, CT 06103-3469

A self-addressed envelope is enclosed for your convenience in responding. For further information concerning this matter, please call me at (860) 240-6115.

Very truly yours,

*Patricia E. Rodgers*

Patricia E. Rodgers  
Corporate Paralegal

Enclosures

cc: Natale A. Messina, Esquire

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Verostaff, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

2160 West Beachside Lane

Vero Beach, FL 32963

#### Mailing Address:

2160 West Beachside Lane

Vero Beach, FL 32963

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Gail Doughtie

Name

2160 West Beachside Lane

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

Vero Beach

FL

32963

City, State, and Zip

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*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..*

Gail W. Doughtie

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**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:**

MGR

Ronald V. Divinere

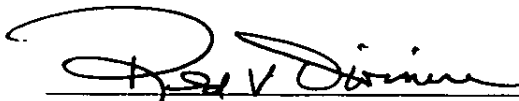
247 Oak Hammock Circle

Vero Beach, FL 32966

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a 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 stated herein are true.)

Ronald V. Divinere

Typed or printed name of signee

**FILED**  
08 MAY -8 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)