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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

08 JUL - 8 AM 10:37
FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.**FRAMEWORK STAFFING, LLC**

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July 8, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORPORATE OUTFITS

SUBJECT: FRAMEOWK STAFFING, L.L.C.
REF: W08000032296

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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Agnes Lunt
Regulatory Specialist II

FAX Aud. #: H08000167329
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RECEIVED
08 JUL -8 PM 2:29
SEC
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I:

The name of the Limited Liability Company is:

FRAMEWORK STAFFING, L.L.C

ARTICLE II-ADDRESS:

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

**4271 SW 67 TERRACE
DAVIE, FL 33314**

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

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

PROFESSIONAL FINANCIAL SERVICES, L.L.C.

Name

706 SW 57TH STREET

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

MIAMI, FL 33144

City, State, and Zip

08 JUL - 8 AM 10:37
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.



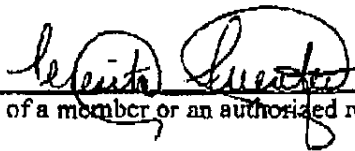
Registered Agent's Signature
Teresita Fuentes

Authorized Representative for Professional Financial Services, L.L.C.

ARTICLE IV-Management (Check box if applicable)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective date is requested)



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.).

Teresita Fuentes

Typed or printed name of signee