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DEPARTMENT OF STATE
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DIVISION OF CORPORATIONS

B. KOHR

OCT 16 2009

EXAMINER

Holland & Knight, LLP

Requestor's Name

315 South Calhoun Street, Suite 600

Address

Tallahassee, FL 32301 425-5686

City/State/Zip

Phone #

Office Use Only

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. NCR LABOR SOLUTIONS, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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NEW FILING	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability <u>LLC</u>
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILING	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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SECRETARY OF CORPORATIONS
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NCR LABOR SOLUTIONS, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carlos Ramirez

Name of Person

NCR Labor Solutions, LLC

Firm/Company

24015 Ranchito Del Rio Ct.

Address

Salinas, California 93908

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mia L. McKown

Name of Person

at (850) 425-5663

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS
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ARTICLES OF ORGANIZATION FOR NCR LABOR SOLUTIONS, LLC

The undersigned, desiring to form a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, does hereby adopt the following Articles of Organization:

ARTICLE I. NAME

The name of the limited liability company is NCR LABOR SOLUTIONS, LLC (the "Company").

ARTICLE II. ADDRESS

The Company's mailing address and the street address of its principal office is:

NCR Labor Solutions, LLC
315 South Calhoun Street
Suite 600
Tallahassee, Florida 32301

ARTICLE III. REGISTERED AGENT AND OFFICE

The Company designates 1200 S. Pine Island Road, Plantation, Florida 33324 as the street address of the initial registered office of the Company and names CT Corporation System as the Company's initial registered agent at that address to accept service of process within this state.

ARTICLE IV. MANAGER(S) AND MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

<u>Title</u>	<u>Name and Address</u>
MGRM	3 N & M, Inc. P.O. Box 6729 Salinas, California 93912
MGRM	Nathan Ramirez 24015 Ranchito Del Rio Ct. Salinas, California 93908

MGR and
MGRM

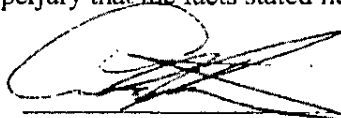
Carlos Ramirez
24015 Ranchito Del Rio Ct.
Salinas, California 93908

ARTICLE V. EFFECTIVE DATE

Effective date for NCR LABOR SOLUTIONS, LLC is October 12, 2009.

REQUIRED SIGNATURE:

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.

A handwritten signature in black ink, appearing to be 'CR', is written over a horizontal line.

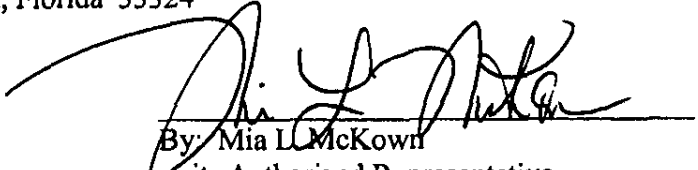
Carlos Ramirez (Signature of a member or
an authorized representative of a member)

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the limited liability company is NCR LABOR SOLUTIONS, LLC.
2. The name and address of the registered agent and office are:

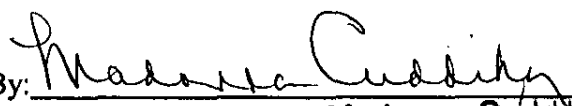
CT Corporation System
1200 S. Pine Island Rd.
Plantation, Florida 33324


By: Mia L. McKown
as its Authorized Representative

ACKNOWLEDGMENT:

Having been named to accept service of process for the limited liability company named above, at the place designated in this certificate, I accept the appointment as registered agent and agree to act in that 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.

CT CORPORATION SYSTEM

By: 
Name: Madonna Cuddihy
As its: Special Assistant Secretary
Date: 10-14-09

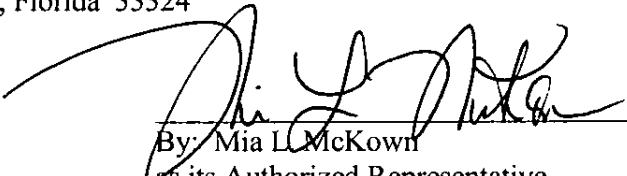
8900282_v1

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1200 S. Pine Island Rd.
Plantation, Florida 33324


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CT CORPORATION SYSTEM

By: _____
Name: _____
As its: _____
Date: _____