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**COVER LETTER** 

TO: Registration Section Division of Corporations UNITED PROFESSIONAL STAFF, 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: Richard A. Simon United Service Companies, Inc. 1550 S. Indiana Avenue, Suite 300 Chicago, IL 60605 City/State and Zip Code rsimon@unitedhq.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David L. Hill at (312 922-8558

Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \_\_\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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



May 17, 2012

UNITED SERVICE COMPANIES PAUL W. DOERSCHELN 1500 S. INDIANA AVENUE CHICAGO, IL 60605

SUBJECT: UNITED TEMPS OF FLORIDA, LLC

Ref. Number: W12000027562

We have received your document for UNITED TEMPS OF FLORIDA, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 012A00014639

05/25/2012 13:34

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

## UNITED PROFESSIONAL STAFF, 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 i

Principal Office Address:	Mailing A	Address:	
2336 W. Oak Ridge Rd Orlando, FL 32809		Oak Ridge Rd FL 32809	
ARTICLE III - Registered A (The Limited Liability Company cannot: business entity with an active Florida re The name and the Florida stree	terve as its own Registered Agent. You gistration.)	gent are:	ब टीर्
	oration System		
	Name		Ѿ,
1200 S	outh Pine Island I	Road  NOT acceptable)  FLOREDA  FLOREDA	
	Florida street address (P.O. Box	x NOT acceptable)	
Plantation	1 FL 3332		
	City, State, and Zip		

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 als 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.,

> James M. Halpin Assistant Secretary

> > (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Membe	<b>a</b>
<b>.</b> , ~	
MGRM	United Temps, Inc.
	1550 S. Indiana Avenue
•	Chicago, IL 60605
•	
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(Use attachment if necessary)	
LE V: Effective date, if other the	nan the date of filing: (OPTION) must be specific and cannot be more than five business da
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LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a 1  (In accordance with sect constitutes an affirmation I am aware that any false.)	member or an authorized representative of a member of statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State
LE V: Effective date, if other the flective date is listed, the date is days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a 1  (In accordance with sect constitutes an affirmation I am aware that any fails constitutes a third degree	member or an authorized representative of a member of this document on under the penalties of perjury that the facts stated heremare true.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)