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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| (JUL 0 6 2012 L. SELLERS |

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FILLU 12 JUL -3 PH 3: 28 SECRETARY OF STATE

COVER LETTER

| | gistration Section vision of Corporations |
|---------------|---|
| SUBJECT: | S2 HR Solutions Group 2, LLC |
| SUBJECT. | Name of Limited Liability Company |
| The enclose | d Articles of Organization and fee(s) are submitted for filing. |
| | n all correspondence concerning this matter to the following: |
| Ma | arjorie Seltzer |
| <u></u> | Name of Person |
| Er | igage PEO . |
| | Firm/Company |
| 30 | 01 Executive Drive, Suite 340 |
| | Address |
| St. | Petersburg, FL 33762 |
| | City/State and Zip Code |
| ms | eltzer@engagepeo.com E-mail address: (to be used for future annual report notification) |
| For further i | nformation concerning this matter, please call: |
| Ryan Ho | ollander at (|
| | Name of Person at (121) 365-2930 x 209 Area Code & Daytime Telephone Number |
| Enclosed is | s a check for the following amount: |
| \$125.00 Fili | ng Fee \$\int_\$\$130.00 Filing Fee & \$\int_\$\$155.00 Filing Fee & \$\int_\$\$\$\$\$ Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| • | Mailing AddressStreet/Courier AddressRegistration SectionRegistration Section'Division of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTollahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | | _ | _ | | |
|-----|---|----|-----|----|-----|
| ART | Ю | ж. | I - | Na | me: |

The name of the Limited Liability Company is:

S2 HR Solutions Group 2, 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: | Mailing Address: | | |
|---------------------------|--------------------------|--|--|
| 3001 Executive Drive | 3001 Executive Drive | | |
| Suite 340 | Suite 340 | | |
| St. Petersburg, FL 33762 | St. Petersburg, FL 33762 | | |

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:

Mariaria Calteau

| Marjorie Seitzer | | _ |
|------------------|----------------|------------------------|
| Na | ame | - |
| 3001 Executive | Drive, | Suite 340 |
| Florida stree | t address (P.C | D. Box NOT acceptable) |
| St. Petersburg | FL | 33762 |
| | 0 15 | |

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 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 (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:

| MGRM | | The S2 HR Group, LLC |
|-----------------|-------------------------|---|
| | | 3001 Executive Drive, Suite 340 |
| | | St. Petersburg, FL 33762 |
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| • | <u></u> | |
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| | | |
| (Use attachment | t if necessary) | |
| | | |
| LE V: Effective | date, if other than the | he date of filing: (OPTION be specific and cannot be more than five business da |

<u>REQUIRED</u> 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

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)