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K. SALY EXAMINER APR 1 5 2013



ACCOUNT NO. : 12000000195
REFERENCE: 608588 7625702
AUTHORIZATION: Sprelle Rear
COST LIMIT : \$ 125'.00
ORDER DATE : April 12, 2013
ORDER TIME : 10:11 AM
ORDER NO. : 608588-005
CUSTOMER NO: 7625702
**
DOMESTIC FILING
NAME: MISSION CAPITAL PERSONNEL
SERVICES, LLC
EFFECTIVE DATE:
XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX PLAIN STAMPED COPY
CONTACT PERSON: Stephanie Milnes - EXT. 52920

EXAMINER'S INITIALS:

(850) 245-6051.

COVER LETTER

TO: Registration Section **Division of Corporations**

Mission Capital Personnel Services, LLC

Name of Limited Liability Company

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

Please return all corres	pondence concerning this matt	ter to the following:	
Chris S	Sicilian		
		Name of Person	
Missio	n Capital Adv	isors, LLC	
		Firm/Company	
32 Ave	enue of the Ar	nericas	
		Address	
New Y	ork, New York	k 10013	
· · · · · · · · · · · · · · · · · · ·		ty/State and Zip Code	
csiciliar	@missioncap.o		
	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please	call:	•
Chris Sici	lian	212 925-6	692
Name	of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check to	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	Street/Courier Address Registration Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Missian Canital Barnana	al Saniere III C		
Mission Capital Personn (Must en	·	lity Company, "L.L.C.," or "LLC.")	
(ney company, 2.2.c., or 22c. y	
ARTICLE II - Addres			
The mailing address an	d street address of the pr	rincipal office of the Limited Liability Company	is:
Principal Office Addr	ess:	Mailing Address:	
11390 Jog Road		11390 Jog Road	
Suite 102		Suite 102	
Palm Beach Gardens, F	orida 33418	Palm Beach Gardens, Florida 33418	
THE HEATTH EATH HICK TON	da street address of the	registered agent are:) _
_ <u>Jo</u>	seph Runk Name 2 Via Capri Florida street ad	dress (P.O. Box NOT acceptable)	B 12 10.5
_ <u>Jo</u>	seph Runk Name 2 Via Capri Florida street ad alm Beach Gardens,	LLAHASSEE OF	FILE 10.58

(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:

		Name and Address:
"MGR" = Manager	34 1	
"MGRM" = Managi	ng Member	
MGR		Joseph Runk
		112 Via Capri
		Palm Beach gardens, Florida 33418
MGR		David W. tobin
		11390 Jog Road, Suite 102
		Palm Beach Gardens, Florida 33418
Tlas attachment if w		
Use attachment if n	ecessary)	
Use attachment if n	• ,	date of filing: (OPTIO
LE V: Effective date fective date	e, if other than the o	date of filing: (OPTIO be specific and cannot be more than five busi
LE V: Effective date	e, if other than the o	date of filing: (OPTIO be specific and cannot be more than five busi
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LE V: Effective date fective date is liste or 90 days after the REQUIRED SIGN Sign (In accordance)	e, if other than the of the date must e date of filing.) ATURE: /S/ Josep. gnature of a member. Ince with section 608.4	be specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and security an
LE V: Effective date fective date is liste or 90 days after the REQUIRED SIGN Signature (In accordance)	e, if other than the of d, the date must e date of filing.) ATURE: /S/ Josep. gnature of a member ance with section 608.4 an affirmation under the date of the	be specific and cannot be more than five busi h Runk or an authorized representative of a member.

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)

Typed or printed name of signee