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DIVISION OF CORPORATE AFFAIRS

2013 NOV -8 AM 10:31

OFFICE OF THE CLERK  
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV 12 2013

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:**      **RICKY SOTO**

**DATE:**            **11/08/2013**

**REF. #:**           **8952914**

**CORP. NAME:**   **HUMAN RESOURCE ASSOCIATES, LLC**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK# 70009607 FOR \$ 125.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

2013 NOV -8 AM 10:31  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
HUMAN RESOURCE ASSOCIATES, LLC**

The undersigned, being authorized to execute and file these Articles of Organization of **Human Resource Associates, LLC** (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

Human Resource Associates, LLC

ARTICLE II — Address:

The mailing address and the street address of the principal office of the Limited Liability Company is 3250 Mary Street, Coconut Grove, Florida 33133.

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.


ARTICLE IV — Registered Agent:

The name and address of the registered agent for service of process in the state shall be

NRAI Services, Inc.  
1200 South Pine Island Road  
Plantation, Florida 33324

ARTICLE V — Management:

The Limited Liability Company will be a manager-managed company.

  
\_\_\_\_\_  
Frederic L. Levenson, Authorized Signatory

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**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

**Human Resource Associates, LLC**

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.*

NRAI Services, Inc.

By: Katie Wonsch  
Print Name: Katie Wonsch  
Print Title: Assistant Secretary

Dated November 8th, 2013

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA