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Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CLARA GIRALDO, P.A.
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**FLORIDA LIMITED LIABILITY CO.
STAFFING PROFESSIONAL SERVICES, LLC.**

Certificate of Status	1
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B. BOSTICK

FEB 21 2014
2/19/2014

EXAMINER

H14 0000 411 703

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
OF

STAFFING PROFESSIONAL SERVICES, L.L.C.

ARTICLE I - NAME

The name of the Limited Liability Company is:

STAFFING PROFESSIONAL SERVICES, L.L.C.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

**1723 NW 81 TERRACE
MIAMI, FL. 33147**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent are:

JESUS IVAN SUAZO

1723 NW 81 TERRACE

Florida street address (P.O.BOX NOT acceptable)

MIAMI, FL. 33147

City, State, and Zip

**CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300**

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STATE OF FLORIDA

H14 0000 41170 3.

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 605, F.S..

J. Ivan Suazo
REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

JESUS IVAN SUAZO
1723 NW 81 TERRACE
MIAMI, FL. 33147

MANAGER

ADELA MEDINA
1723 NW 81 TERRACE
MIAMI, FL. 33147

MANAGER

JOSE DIAZ
1723 NW 81 TERRACE
MIAMI, FL. 33147

MANAGER

(An additional article must be added if an effective date is requested)

J. Ivan Suazo
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOSE DIAZ
Typed or printed name of signee

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