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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUL 23 2014

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

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: Kim Weidenbach

DATE: 07/22/14

REF. #: 9217222

CORP. NAME: LEAN STAFFING, 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# 70024075 **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

**ARTICLES OF ORGANIZATION
OF
LEAN STAFFING, LLC**

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TALLAHASSEE, FLORIDA

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

ARTICLE I — Name:

The name of the Limited Liability Company is:

LEAN STAFFING, LLC

ARTICLE II — Address:

The mailing address and the street address of the principal office of the Limited Liability Company is 1300 Sawgrass Corporate Parkway, Suite 110, Sunrise, Florida 33323.

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, FL 33324**

ARTICLE V — Authorization to Manage:

The Limited Liability Company will be a member-managed company. The name and address of each person authorized to manage and control the Limited Liability Company are:

| <u>Title</u> | <u>Name and Address</u> |
|--------------|---|
| AMBR | Lee Futernick 1300 Sawgrass Corporate Parkway, Suite 110 Sunrise, Florida 33323 |
| AMBR | David Bell 1300 Sawgrass Corporate Parkway, Suite 110 Sunrise, Florida 33323 |
| AMBR | Robert Cadena 1300 Sawgrass Corporate Parkway, Suite 110 Sunrise, Florida 33323 |

ARTICLE VI-Effective Date

The effective date is upon filing:

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. 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 §817.155, F.S.


Jerry J. Sokol
Authorized Signatory

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TALLAHASSEE, FLORIDA

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

LEAN STAFFING, 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 605, F.S.

NRAI Services, Inc.

By: Michele Holden
Print Name: Michele Holden
Print Title: Assistant Secretary

Dated: July 22, 2014

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