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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

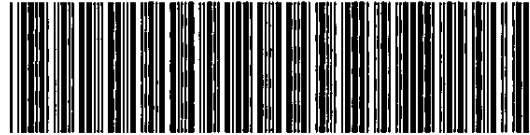
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Outzen

JUL 23 2014

ANDREW L. SMITH
PHILIP H. PARTRIDGE
WINSTON R. GROW†
BRYAN D. SMITH
PAMELA G. JOHNSTON*

LAW OFFICES OF
PARTRIDGE, SMITH, P.C.

3601 SPRING HILL BUSINESS PARK • SUITE 102 • MOBILE, ALABAMA 36608

OF COUNSEL:
A. NEIL HUDGENS

WWW.PARTRIDGESMITH.COM

† ALSO ADMITTED IN FLORIDA
* ALSO ADMITTED IN MISSISSIPPI

July 22, 2014

Via Federal Express

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Performance Personnel Services of Pensacola, LLC

Dear Sir or Madam:

Please find enclosed the following documents:

1. Cover Letter for Performance Personnel Services of Pensacola, LLC;
2. Articles of Organization for Florida Limited Liability Company; and
3. Check in the amount of \$155.00 payable to the Florida Department of State;

Please file the application with your office and return a stamped copy back to our office in the enclosed self-addressed prepaid envelope. Should you have any questions, please do not hesitate to call.

Yours truly,



PAMELA G. JOHNSTON

PGJ/mm
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Performance Personnel Services of Pensacola, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Pamela G. Johnston

Name of Person

Partridge, Smith, P.C.

Firm/Company

Post Office Box 81429

Address

Mobile, Alabama

City/State and Zip Code

barron@ppsemployment.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela G. Johnston at (251) 338-0566
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|--|---|

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Performance Personnel Services of Pensacola, 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:

7004 Pine Forest Road, Suite 1
Pensacola, Florida 32526

7004 Pine Forest Road, Suite 1
Pensacola, Florida 32526

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.)

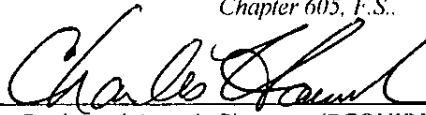
The name and the Florida street address of the registered agent are:

Charles Hannah
Name

7004 Pine Forest Road, Suite 1
Florida street address (P.O. Box NOT acceptable)

Pensacola FL 32526
City 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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF CIRCUIT
JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Barron Partridge

143 Batre Lane

Mobile, Alabama 36608

AMBR

Michael Richardson

753 St. Francis St., Apt. 2004B

Mobile, Alabama 36601

AMBR

Charles Hannah

5635 Galvez Road

Pensacola, Florida 32507

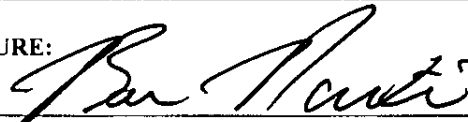
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

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.)

Barron Partridge

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)

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DEPT. OF STATE
TALLAHASSEE, FLORIDA