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15 DEC 17 PH 3: 33

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJEC	Staffing Capital, LLC						
SOBJEC		mited Liability Company					
The enclo	osed Articles of Organization and fee(s) ar	re submitted for filing.					
Please ret	turn all correspondence concerning this m	natter to the following:					
	Sheldon G. Adelman						
		Name of Person					
	Staffing Capital, LLC						
	Firm/Company						
	3401 Enterprise Parkway, 5th Floor						
		Address					
	Beachwood, Ohio 44122						
	c sgadel@aol.com	City/State and Zip Code					
		d for future annual report notification)					
For further	information concerning this matter, pleas	se call:					
	Michael Turk 2	216 378-4133					
	· · · · · · · · · · · · · · · · · · ·	Area Code Daytime Telephone Number					
Enclosed	is a check for the following amount:						
\$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing 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:		
Staffing Capital, LLC		d Liability Co	mpany, "L.L.C.," or "LLC.")
(widst chid v	with the words. Emilie	u Liaonny Co.	impany, L.L.C., or LEC.
ARTICLE II - Address: The mailing address and street ad	dress of the principal	office of the L	imited Liability Company is:
<u>Principa</u>	l Office Address:		Mailing Address:
18211 Long Lake Dri			3401 Enterprise Parkway, 5th Floor
Boca Raton, FL 3349	6		Beachwood, OH 44122
(The Limited Liability Company another business entity with an action of the name and the Florida street a	ctive Florida registrati	on.)	gent. You must designate an individual or
	Sheldon G. Adelma	n	
		Name	
	18211 Long Lake D	rive	
	Florida street addre	ss (P.O. Box 🖊	NOT acceptable)
	Boca Raton	FL	33496
	City	State	Zip
Javina hoon named as nagistaned a	gant and to greent com	sian of programs	for the above stated limited liability company

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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ī	Title: "AMBR" = Authorized "MGR" = Manager	Member	Name and Address:		
	MGR		Sheldon G. Adelman 18211 Long Lake Drive		
-		•			
			Boca Raton, FL 33496		
•					
-	-				
((Use attachment if nece	ssary)			
TICLI	ective date is listed, the	ther than the date of filing: date must be specific and	. (OPTIO	ONAL) rior to or 90 days after	
an eife		block does not meet the	pplicable statutory filing requirements, this	date will not be listed as	
date o ite: If i	the date inserted in this	the Department of State's	records.		
date o ote: If it docum	the date inserted in this ment's effective date on E VI: Other provisions,	the Department of State's if any.			
e date o ote: If i e docum	the date inserted in this ment's effective date on E VI: Other provisions,	the Department of State's if any.	s records.		
date o	the date inserted in this ment's effective date on E VI: Other provisions,	if any.			

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)

Sheldon G. Adelman