Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, 180.

Account Number: 075350000353

Phone : (800) 221-2972

Fax Number : (888) 692-9256

Enter the email address for this business entity to be used for future in annual report mailings. Enter only one email address please.

Emmil Address:

FLORIDA LIMITED LIABILITY CO. Workforce Management Holdings LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125,00

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From 7188897420 1.718.889.7420 Fri Feb 10 10:30:16 2017 MST Page 2 of 3

From:

02/10/2017 12:30

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ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

Workforce Management Holdings LLC

(Must end with the words "Limited Liability Company, "L.L.C., "or "L.LC.")

ARTICLE II - Address:

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

Principal Office Address:	Massing Address:
6751 NW 26th Way	675 UNW 26th Way
Ft. Lauderdale FL 33309	Ft. Lauderdale F1, 33309
	An account of the control of the con

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The Limited Liability Company cannot serve as its own Registered Agent 'You must designate a

(The Limited Limbility 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:

Michael Evaus

Name

67.51 NW 26th Way

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

Ft. Landerdale Fl. 33309

City State Zip

Having been named as registered agent and to accept service of process for the whove stated limited liability company or 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 novikation and I am familiar with and accept the obligations of my position as registered ogent as provided for the Chapter 605, ES.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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From 7188897420 1.718.889.7420 Fri Feb 10 10:30:16 2017 MST Page 3 of 3

From:

	ARTICLE IV The name and address of each person at	utnorized to minuage and control the Limited Univities Company
	Title: "AMBR" Authorized Member	Name and Address:
	"MGR" = Manager	political and o
	AMDR.	PRHKTLM, LLC 75) NW 26th Wev
		Indianapolis, IN 46264
	AMBR	BLUEWAVE HR LLC
	ASIIN	543 F. Market-St
		Ft. Lauderdale FL 33309
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	(Use attachment if necessary)	
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