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FLORIDA LIMITED LIABILITY CO. Central Florida Labor Services, LLC

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ARTICLES OF ORGANIZATION FOR CENTRAL FLORIDA LABOR SERVICES, LLC, a Florida Limited Liability Company

The undersigned, desiring to form a limited liability company under and pursuant to Chapters 605, Florida Statutes, the Florida Revised Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

ARTICLE I Name

The name of this Company shall be CENTRAL FLORIDA LABOR SERVICES, LLC.

ARTICLE II <u>Duration</u>

The term of existence of the Company shall be perpetual.

ARTICLE III Mailing and Street Address

The mailing and street address of the Company is: P.O. Box 747, Winter Haven, Florida 33882 and 2600 Overlook Drive, Winter Haven, Florida, respectively.

ARTICLE IV Registered Agent and Office

The name and street address of the initial registered agent and office for this Company are as follows: Debra L. Cline, 225 East Lemon Street, Suite 300, Lakeland, Florida 33802.

ARTICLE V Admission of Additional Members; Terms and Conditions of such Admissions

Additional Members may be admitted upon unanimous consent of the Members of the Company, upon the written application of such new Member, in the manner set forth in the Operating Agreement of this Company and in accordance with applicable law.

ARTICLE VI Management of Company

The Company is to be a manager-managed company.

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ARTICLE VII Amendment of Articles of Organization

Any amendment to these Articles of Organization shall be on such form prescribed by the Secretary of State of the State of Florida containing such terms and provisions consistent with Chapter 605, Florida Statutes, as shall be prescribed by the Department of State, and shall be signed and sworn to by all Members of the Company. In the event a new Member is added by such amendment, it shall be also signed by the Member to be added.

ARTICLE VIII Transferability of Member's Interest

An interest of a Member of this Company may be transferred or assigned only to such extent and in the manner provided in the Operating Agreement of the Company and in accordance with applicable law.

IN WITNESS WHEREOF, the undersigned have hereunto set their hands this $\frac{1}{1}$ day of February, 2018.

Robert W. Bentley, Jr.

P.O. Box 747

Winter Haven, FL 33882

Raymond O. Bentley, Jr.

P.O. Box 747

Winter Havon, 55-38

P.O. Box 747

Winter Huven, FL 33882

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STATEMENT OF REGISTERED AGENT

Having been named as Registered Agent to accept service of process for the above-stated limited liability company, 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 in Chapter 605, Florida Statutes.

Debru L. Cline

STATE OF FLORIDA COUNTY OF POLK

The foregoing instrument was acknowledged before me this day of February, 2018, by Debra L. Clinc, who is personally known to me.

(SEAL)

Print Name of Notary My Commission Expires:

JANE M. MURPHY-LAFRANDRE
Commission # GG 093973
Expires April 24, 2021
Sorded Tent Troy Fall Insurance 809-355-7819