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COVER LETTER

TO: New Filing Section Division of Corporations					
SUBJECT: True Temp Services, LLC. Name of Limited Liability Company					
The analysis And to a first state of the control of					
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Ryan A-Banks Name of Person					
True Temp Services, LLC. Firm/Company					
1007 752± 000 west					
,					
Marathon FL 33050 City/State and Zip Code					
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Ryon Bon (S at 305) 393-5907 Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$125.00 Filing Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \tag{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \tag{\$160.00 Filing Fee. Certified Copy (additional copy is enclosed)}					
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	RT	iCi	ÆI	- 1	Name	

The name of the Limited Liability Company is:

Must contain 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: - Same		
True temp services LLC. 1007 7524-5 + ocen mest	True Teno Services, LLC.		
Marathan (6300)0	marazhon 96,33050		

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:

Ryan Banks

Name

1007 75555+0cem west

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

Marathan PL 33050

City State 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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The name and address of each person authorized to	manage and control the Limited Liability Company:
"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Zyon Banks 1007 75# Stocan west 1007 15# Stocan west
	
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of filing:	(OPTIONAL) cannot be more than five business days prior to or 90 days after
	plicable statutory filing requirements, this date will not be listed as records.
ARTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE:	
Signature of a member or a	n authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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.

Book S
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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)