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(Requestor's Name)				
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## COVER LETTER

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	New Filing Section Division of Corporations	
SUBJEC	Allied American Staf	fing Resources LLC
SUBJEC		Name of Limited Liability Company
The encle	osed Articles of Organizat	ion and fee(s) are submitted for filing.
Please ret	turn all correspondence ec	oncerning this matter to the following:
	Joseph P. Jones, Jr.	
		Name of Person
	Allied American Staffi	ng Resources LLC
		Firm/Company
	11932 Sheldon Road	
		Address
	Tampa, Florida 33626	
	joseph.jones@alliedame	City/State and Zip Code
		ress: (to be used for future annual report notification)
For further	information concerning the	nis matter, please call:
	Joseph Jones	813 765-9781 at ()
	Name of Perso	
Enclosed	is a check for the following	ng amount:
\$125.00		Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee.  Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
		Carrier Addition

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:							
Allied American Staffing Resources LLC  (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:				
11932 Sheldon Road Tampa, Florida 33620	3		11932 Sheldon <u>Road</u> Tampa, Florida 33626				
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:							
	Joseph P. Jones Jr.						
Name							
11932 Sheldon Road							
Florida street address (P.O. Box NOT acceptable)							
	Tampa,	Florida	33626				
	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..

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SECRETARY OF STATE

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member AMBR Joseph P Jones Jr 11932 Sheldon Road Tampa, Florida 33626 (Use attachment if necessary) (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE/

Signatury of a member or an 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.

Joseph P Jones Jr

Typed or printed name of signee

## Filing Feest

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)