

6/22/2021

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FLORIDA LIMITED LIABILITY CO.  
Occupational Staffing Solutions, LLC

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**ARTICLES OF ORGANIZATION  
OF  
OCCUPATIONAL STAFFING SOLUTIONS, LLC**

The undersigned, for the purpose of forming a limited liability company under the laws of the State of Florida, adopts the following Articles of Organization:

**Article I  
Name**

The name of this limited liability company shall be:

OCCUPATIONAL STAFFING SOLUTIONS, LLC

**Article II  
Principal Office and Mailing Address**

The principal office and mailing address of this limited liability company shall be:

14333 BEACH BOULEVARD, SUITE 19  
JACKSONVILLE, FLORIDA 32250

**Article III  
Initial Registered Agent and Address**

The name and street address of the initial registered agent of this limited liability company are:

JOHN R. POSTON  
1701 AZALEA DRIVE  
JACKSONVILLE BEACH, FLORIDA 32250

**Article IV  
Authorized Managers**

The name and street address of each Manager who is initially authorized to manage and control the limited liability company are:

AMANDA G. POSTON  
1701 AZALEA DRIVE  
JACKSONVILLE BEACH, FLORIDA 32250

JANA K. BOSTICK  
10515 JOLYNN ROAD  
JACKSONVILLE, FLORIDA 32225

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**Article V**  
**Effective Date**

The existence of this limited liability company shall commence on the date these Articles are signed.

**Article VI**  
**Purposes**

This limited liability company is organized for the purpose of transacting any or all lawful business permitted under the laws of the United States of America and of the State of Florida.

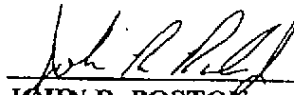
**Article VII**  
**Operating Agreement**

The initial Operating Agreement of this limited liability company shall be adopted by the members. The Operating Agreement shall be adopted, altered, amended, or repealed from time to time as provided in the Operating Agreement.

**Article VIII**  
**Amendment**

The members, by vote of members holding a majority of the interests in the limited liability company, shall have the right to amend or repeal any provision contained in these Articles of Organization.

The undersigned has executed these Articles of Organization the 22<sup>nd</sup> day of June, 2021.

  
\_\_\_\_\_  
**JOHN R. POSTON**  
Authorized Representative

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

OCCUPATIONAL STAFFING SOLUTIONS, LLC

2. The name and the Florida street address of the registered agent are:

JOHN R. POSTON  
1701 AZALEA DRIVE  
JACKSONVILLE BEACH, FLORIDA 32250

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, Florida Statutes.

  
\_\_\_\_\_  
JOHN R. POSTON, Registered Agent

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