

**CL7000438598**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)  
Account Number : I20030000004  
Phone : (407)835-6769  
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Email Address: corpmail@shutts.com

2022 OCT 12 PM 12:17

**FLORIDA LIMITED LIABILITY CO.**  
**Integrated Financial Staffing Tampa, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2022 OCT 12 PM 12:35  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name**

The name of the Limited Liability Company is:

INTEGRATED FINANCIAL STAFFING TAMPA, LLC

**ARTICLE II - Address**

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

941 West Morse Boulevard  
Suite 100  
Winter Park, Florida 32789**ARTICLE III - Management**

The Company shall be managed by one or more managers, and is thus a manager-managed limited liability company. The initial managers shall be C. Russell Slappey and Gary Colbert.

**ARTICLE IV - Registered Agent and Office and  
Registered Agent's Signature**

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

CORPORATION COMPANY OF ORLANDO  
300 South Orange Avenue  
Suite 1600 (SAR)  
Orlando, Florida 32801

*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.*

CORPORATION COMPANY OF ORLANDO

By: J. Gregory Humphries  
(Registered Agent's Signature)  
J. Gregory Humphries, Vice PresidentC. Russell Slappey  
Signature of a member or an authorized representative of a member  
C. Russell Slappey, an Authorized Representative

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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, Florida Statutes)

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TALLAHASSEE, FLORIDA

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