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CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 850-222-1092

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M00-2104 Ge Please Return Filed Stamped Copies To:

Jeffrey Butterfield

Thank You!

APPLICATIONBYFOREIGNLIMITEDLIABILITYCOMPANYFORAUTHORIZATIONTO TRANSACTBUSINESSINFLORIDA

INCOMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING ISSUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACIBUSINESSINTHEST AT FORFICORDA:

1	Staffmark Professional Services, LLC	 ,_,	. <u></u>
۲۰ –	(Nameofforeignlimitedliabilitycompany)		2 750
23 I	Delaware applied for		
(Jur	isdictionunderthelawofwhichforeignlimitedliability(FEInumber,ifapplicable) apanyisorganized)		_
<i>1</i> 5	9/26/00 perpetual		. 5 - 111
Da	teofOrganization) (Duration:Yearlimitedliabilitycompanywillceaseto existor"perpetual")	'	
6.	(DatefirstransactedbusinessinFlorida.(Seesections608.501,608.502,and817.155,F.S.)		em selle de la lini
7	234 East Millsap Road		
••	The state of the s	AEG TO	ਤੂੰ === ± ± ± ± ±
	(Streetaddressofprincipaloffice)	<u> </u>	5 E
8.1	Iflimitedliabilitycompanyisamanager-managedcompany,checkhere	A 01. 21	3 5
9.7	Theusualbusinessaddressesofthemanagingmembersormanagersareasfollows:	DATE ORIUA	
	234 East Millsap Road, Fayetteville, Arkansas 72703		
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1	1.NatureofbusinessorpurposestobeconductedorpromotedinFlorida: temporary staffing service	s	
1.	1.1Vatureofousmossospuspossossassassassassassassassassassassassa		_
			- 14F _ 1 - 1177
	Signature of amember or an authorized representative of amember. (Inaccordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein a retrue.)		· : · · · · · · · · · · · · · · · · · ·
	Jim Hudson		

Typedorprintednameofsignee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1 201 CD 11.			
1. The name of the Limite	ed Liability Company is:		=
Staffmark Professional Service	es, LLC		
2. The name and the Flori	da street address of the registered agent and office are:		
C T Corpora	tion System	00 O	- · ·
	(Name)	CT -	——————————————————————————————————————
c/o C T Corp	oration System, 1200 South Pine Island Road	PY OF	S
	Florida street address (P.O. Box NOT ACCEPTABLE)		
Plantation	FL 33324 City/State/Zip	A 5	
Having been named as regis.	tered agent and to accept service of process for the above stated limited		
liability company at the place	e designated in this certificate, I hereby accept the appointment as register	red	
agent and agree to act in this relating to the proper and co	capacity. I further agree to comply with the provisions of all statutes mplete performance of my duties, and I am familiar with and accept the		
obligations of my position as	registered agent as provided for in Chapter 608, F.S		
C T Corporation System			
(44n)-			
(Signate	ire)	-	

FL054 - 9/28/99 C T System Online

\$ 100.00 Filing Fee for Application\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

State of Delaware

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "STAFFMARK PROFESSIONAL SERVICES,

LLC" IS DULY FORMED UNDER_THE LAWS OF THE STATE OF DELAWARE AND

IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF OCTOBER,

A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Edward J. Freel, Secretary of State

3293943 8300 AUTHENTICATION: 0718299

001503766 DATE: 10-05-00