# MOQ000003189

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TALLAHASSEE, FLO

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Paris and Fallin Marca)						
(Business Entity Name)						
(Document Number)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



800009204988

Wod-33803



\* \* . }



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GEORETARY OF STATE TALLAHASSEE, FLORIDA

072100000032 ACCOUNT NO.

798216 REFERENCE 4319227

AUTHORIZATION

	COST LIMIT : \$ 125	
ORDER DATE	: October 28, 2002	5504~~ 
ORDER TIME	: 10:59 AM	
ORDER NO.	: 798216-035	<del></del>
CUSTOMER NO	0: 4319227	<del>-</del>
CUSTOMER:	Ms. Dianne Draizin Spherion Corporation 2050 Spectrum Boulevard	
	Fort Lauderdale, FL 33309	
	FOREIGN FILINGS	== ==
NAM	E: SPHERION ATLANTIC WORK	FORCE
XXXX QUAL:	IFICATION (TYPE: <u>LL</u> )	26 
PLEASE RET	URN THE FOLLOWING AS PROOF OF	FILING:
XXPL	RTIFIED COPY AIN STAMPED COPY RTIFICATE OF GOOD STANDING	
CONTACT PE	RSON: Sara Lea EXT# 1114	<del></del>
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### FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

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SPUNE, ART OF STATE TALLAHASSEE, FLORIDA

December 2, 2002

CSC

misspelled

SUBJECT: SPERION ATLANTIC WORKFORCE LLC \_

Ref. Number: W02000033803

We have received your document for SPERION ATLANTIC WORKFORCE LIZE and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The document must contain the names and street addresses of the members of managers of the limited liability company.

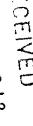
#### THER WAS NO RIDER ATTACHED AS STATED IN SECTION 9.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 602A00064047





## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TATE LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Mame of	f foreign limited liability company)
(Name of	r roteren minnen mannet önurbandt
2. Delaware	3. 38-36555 <u>95</u>
(Jurisdiction under the law of which foreign limited	liability (FEI number, if applicable)
company is organized)	_
. July 24, 2002 (Date of Organization)	5. Perpetual Operation Very limited liability company will case to
(Date of Organization)	5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
	• •
. Upon Qualification	
(Date first transacted business in Flo	orida. (See sections 608.501, 608.502, and 817.155, F.S.)
	-
. 2050 Spectrum Boulevard	
Fort Lauderdale, Florida 33309	
(Stree	et address of principal office)
. If limited liability company is a manager-n	nanaged company, check here
The name and usual business addresses of	the managing members or managers are as follows:
. The name and usual outmess addresses of	the managing memoers of managers are as follows.
See attached rider	
·	
Attached is an original certificate of existence, no mo	ore than 90 days old, duly authenticated by the official having custody of recor
the jurisdiction under the law of which it is organized	d. (A photocopy is not acceptable. If the certificate is in a foreign language, a
	d. (A photocopy is not acceptable. If the certificate is in a foreign language, a
the jurisdiction under the law of which it is organized translation of the certificate under cath of the translat	d. (A photocopy is not acceptable. If the certificate is in a foreign language, a tor must be submitted.)
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the jurisdiction under the law of which it is organized translation of the certificate under cath of the translat	tor most be submitted.)
the jurisdiction under the law of which it is organized translation of the certificate under cath of the translate.  11. Nature of business or purposes to be conducted.	d. (A photocopy is not acceptable. If the certificate is in a foreign language, a tor must be submitted.)
the jurisdiction under the law of which it is organized translation of the certificate under cath of the translat	d. (A photocopy is not acceptable. If the certificate is in a foreign language, a tor must be submitted.)
the jurisdiction under the law of which it is organized translation of the certificate under each of the translat  1. Nature of business or purposes to be cond-  Human Resource Services	d. (A photocopy is not acceptable. If the certificate is in a foreign language, a tor must be submitted.)  ducted or promoted in Florida:
the jurisdiction under the law of which it is organized translation of the certificate under each of the translate.  1. Nature of business or purposes to be conditional Resource Services.	d. (A photocopy is not acceptable. If the certificate is in a foreign language, a tor must be submitted.)  ducted or promoted in Florida:
the jurisdiction under the law of which it is organized translation of the certificate under each of the translate.  1. Nature of business or purposes to be concentrated.  Human Resource Services  Signature of a member	d. (A photocopy is not acceptable. If the certificate is in a foreign language, a tor must be submitted.)  ducted or promoted in Florida:
the jurisdiction under the law of which it is organized translation of the certificate under oath of the translat  1. Nature of business or purposes to be conditional.  Human Resource Services  Signature of a member (In accordance with section 60)	d. (A photocopy is not acceptable. If the certificate is in a foreign language, a tor must be submitted.)  ducted or promoted in Florida:  or an authorized representative of a member.  18.408(3), F.S., the execution of this document constitutes
the jurisdiction under the law of which it is organized translation of the certificate under oath of the translat  1. Nature of business or purposes to be conditional.  Human Resource Services  Signature of a member (In accordance with section 60)	d. (A photocopy is not acceptable. If the certificate is in a foreign language, a tor must be submitted.)  ducted or promoted in Florida:

Typed or printed name of signee

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IALLAHASSEE, FLORIDA

Cinda Hallman President/CEO/Manager 2050 Spectrum Boulevard, Fort Lauderdale, FL 33309

Residential Address: 118 Ponds Lane, Greenville, DE 19807

Roy G. Krause Exec. VP/CFO/Manager

2050 Spectrum Boulevard, Fort Lauderdale, FL 33309

Residential Address: 7601 Marblehead Land Parkland, FL 33067

Robert E. Livonius Exec VP/COO/Manager 2050 Spectrum Boulevard, Fort Lauderdale, FL 33309

Residential Address: 1072 Pine Branch Drive Fort Lauderdale, FL 33326

Lisa G. Iglesias VP/Secretary/Manager

2050 Spectrum Boulevard Fort Lauderdale, FL 33309

Residential Address: 2989 Myrtle Oak Circle Davie, FL\_33382

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### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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' SCURLTARY OF STATE TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 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. The name of the Limited Liability Company is:							
SPHERION ATLAN	TIC WORKFORCE LLC						
2. The name and the Florida street address of the registered agent and office are:							
Corporation Service Company (Name)							
Florida street address (P.O. Box NOT ACCEPTABLE)							
	Tallahassee	FL (City/State/Zip)	32301				

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 608, F.S.

Deliverat (Signature)

Deborah D. Skipper Asst. V. Pres.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# Delaware

The First State

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PALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPHERION ATLANTIC WORKFORCE 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 TWENTY-SIXTH DAY OF NOVEMBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPHERION ATLANTIC WORKFORCE LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2002.

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



Harriet Smith Windsor, Secretary of State

3551040 8300

AUTHENTICATION: 2113161