

**MO3000000039**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

**FOREIGN LIMITED LIABILITY COMPANY**

**AJILON PROFESSIONAL STAFFING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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

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

1. AJILON PROFESSIONAL STAFFING LLC  
(Name of foreign limited liability company)
2. DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 47-0897049  
(FEI number, if applicable)
4. 9/27/94  
(Date of Organization)
5. PERPETUAL  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 175 BROAD HOLLOW ROAD, MELVILLE, NY 11747  
(Street address of principal office)

FILED

8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:

SEE ATTACHED RIDER

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: PROVISION OF PRO

STAFFING SVCS INCLUDING ANY HUMAN RESOURCE RELATED SERVICES

Diana R. Karabelas  
signature of a member or an authorized representative of a member.  
(In accordance 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 are true.)

DIANA R. KARABELAS, ASST. SECY.

Typed or printed name of signee

BLUMB EXCLUSION

62 WHITE ST

NY NY 10013

800 221-2972

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BLUMB CORP SVCS

Fax:2124311441

Jan 6 2003 15:35

P.03

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**Ajilon Professional Staffing, LLC**  
**Delaware**

**Managers:**

Jerome Caille  
Felix Weber  
Ray Roe  
Karine Storm

**Officers:**

Ray Roe - President of the Ajilon Business Line  
Neil Lebovits - President & Chief Operating Officer  
Robert M. Manan - Chief Financial Officer  
Harvey Smalheiser - Vice President of Taxation  
Jyrl Washington - Vice President, General Counsel and Secretary  
Diana R. Karabelas - Assistant Vice President, Asst. Secretary & Asst. General Counsel  
Karine Storm - Senior Vice President & Division Controller

The business address for all of the above is:  
175 Broad Hollow Road, Melville, NY 11747

FILED  
03 JAN -5 AM 9:21  
CLERK OF DISTRICT COURT  
STATE OF NEW YORK  
JAN 6 2003

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BLUMB CORP SVCS  
DEC-31-2002 12:36

Fax:2124311441  
CT CORPORATION

Jan 6 2003 15:36 P.04

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### 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. The name of the Limited Liability Company is:

AJILON PROFESSIONAL STAFFING LLC

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

CT CORPORATION SYSTEM

(Name)

1200 SOUTH PINE ISLAND RD.

Florida street address (P.O. Box **NOT** ACCEPTABLE)

PLANTATION, FL 33324

(City/State/Zip)

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03 JAN -6 AM 9:21  
TALLAHASSEE FLORIDA

*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.*



(Signature)

Patrick A. Nolan  
Assistant Secretary

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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# Delaware

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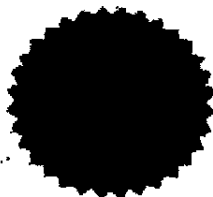
## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AJILON PROFESSIONAL STAFFING 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 THIRTIETH DAY OF DECEMBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AJILON PROFESSIONAL STAFFING LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 1994.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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03 JAN -6 AM 9:21  
DELAWARE STATE  
CLERK OF COURTS



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 2176968

020806087

DATE: 12-30-02

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