

1040000000046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

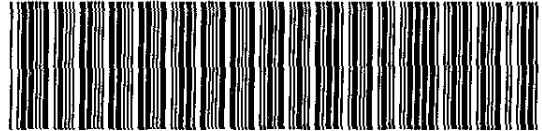
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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# Seaside Associates



**Excellence in Staffing...Proven**

December 22, 2003

Florida Department of State  
Registration Section  
P. O. Box 6327  
Tallahassee, FL 32314

Gentlemen:

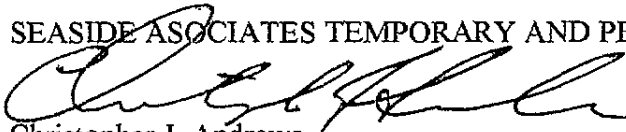
Please register Seaside Associates Temporary and Permanent, LLC as a foreign LLC with the state of Florida. Enclosed as requested are the following

Certificate of Designation of Registered Agent  
Application by Foreign LLC  
Certificate of Existence State of New Hampshire (original less than 90 days old)  
Check # 1217 (\$100.00 filing fee and \$25.00 designation fee) total \$125.00

Thank you for your attention to this matter and should you have any question please do not hesitate to contact us at 603-766-3480.

Very truly yours,

SEASIDE ASSOCIATES TEMPORARY AND PERMANENT, LLC



Christopher J. Andrews  
Member

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 TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. Seaside Associates Temporary and Permanent, LLC  
(Name of foreign limited liability company)
2. New Hampshire  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 223738768  
(FEL number, if applicable)
4. 7/10/00  
(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. 40 Old Dover Rd, Suite 2, Newington, NH 03801  
(Street address of principal office)

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:

Christopher J. Andrews, 40 Old Dover Rd, Suite 2  
Newington NH 03801

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:

Contract Staffing

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.)

Christopher J. Andrews  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**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:

Seaside Associates Temporary and Permanent, LLC

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

Bruce M. McKenney  
(Name)

6613 Summer Haven Drive  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

River View, FL 33569  
(City/State/Zip)

*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)

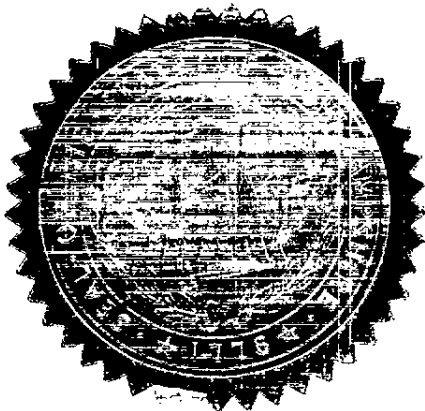
\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

# State of New Hampshire

## Department of State

### CERTIFICATE OF EXISTENCE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that SEASIDE ASSOCIATES TEMPORARY AND PERMANENT, LLC is a New Hampshire limited liability company formed on July 26, 2000. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that a certificate of cancellation has not been filed.



IN TESTIMONY WHEREOF, I hereto  
set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 18th day of December, A.D. 2003

*William M. Gardner*

William M. Gardner  
Secretary of State