

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H040001944323)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383...

From:

Account Name : Florida Research & Filing Services, Inc.

Account Number : I20030000083 Phone : (850)656-6446

Fax Number : (850) 942-6446

| GN LIMITED LI | ABILITY C |
|-----------------------|-------------|
| Certificate of Status | G SOLUTIONS |
| - | <u>.</u> |
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

Electronic Filing Menu

Corporate Filing

Public Access Help

H04000194432

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 FOR LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: | ZIGIV | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------|
| 1. Hospitality Staffing Solutions, LLC [Name of foreign limited liability company) | . • | |
| 2. Georgia 3. 58-2518300 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) | | |
| 4. 09 21 1000 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") | | |
| 6. Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) | | # |
| 7 | | |
| 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: | | |
| Gerald Gurbacki 1640 Powers Ferry Rd 3-200 Marietta, GA 30067 | | |
| David Rogers 1640 Powers Ferry Rd 3-200 Marietta, GA 30067 | · · · | |
| Katheryne King 1640 Powers Ferry Rd 3-200 Marietta, GA 30067 | | _ |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recording in a foreign language, a translation of the certificate under each of the translation must be submitted.) | 04 SE2 29 | Wisley of co |
| 11. Nature of business or purposes to be conducted or promoted in Florida: | - P | |
| Services provided to the hospitality and resort industry in the | 1:28 | |
| housekeeping, stewarding, laundry and kitchen departments 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.) David Rogers | _ | <i>₩</i> |
| Tuned or printed name of single | | |

H04000194432

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: | |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| Hospitality SI | affing Solutions, LLC | | |
| 2. The name | and the Florida street ad | idress of the registered agent and office are: | |
| | NRAI Services, inc. | | |
| | | (Name) | |
| | 526 E. Park Avenue | | |
| | Florida st | rect address (P.O. Box NOT ACCEPTABLE) | |
| | Tallahassee | FL 32301 | |
| | | (City/State/Zip) | |
| liability comp registered ago statutes relati | any at the place designatent and agree to act in thing to the proper and combigations of my position a | nt and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all aplete performance of my duties, and I am familiar with and is registered agent as provided for in Chapter 608, F.S. | 04 SEP 29 |

5 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent Certified Copy (optional) \$ 30.00 Certificate of Status (optional) 5.00

H04000194432

Secretary of State Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : K939245
DATE INC/AUTH/FILED: 09/21/1999
JURISDICTION : GEORGIA
PRINT DATE : 09/28/2004
PORM NUMBER : 211

PARANET CORPORATION SERVICES, INC. GWENDOLYN ANDREWS 3761 VENTURE DRIVE, SUITE 260 DULUTH, GA 30096

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

HOSPITALITY STAFFING SOLUTIONS, LLC A GEORGIA LIMITED LIABILITY COMPANY

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20040928204122784

Cathy Cox Secretary of State

H04000194432