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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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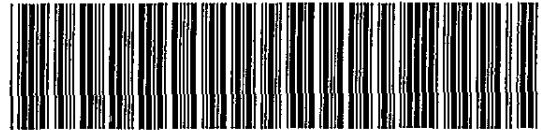
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(Business Entity Name)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAROLINA STAFFING GROUP L.L.C.
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

DAVID W. ROBBINS
(Name of Person)

CAROLINA STAFFING GROUP
(Firm/Company)

8-B HERMAN AVENUE EXT.
(Address)

ASHEVILLE, NC 28803
(City/State and Zip Code)

For further information concerning this matter, please call:

David Robbins, OR

David Council

(Name of Person)

at (828) 658-4348

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CAROLINA STAFFING GROUP, L.L.C.
(Name of Foreign Limited Liability Company)
2. NORTH CAROLINA 3. 56-2247218
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. APRIL 13, 2001 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. HAVE NOT TRANSACTED BUSINESS YET, WAITING FOR SUBMISSION OF THIS
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 8-B HERMAN AVENUE EXT.
ASHEVILLE, NC 28803
(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:

MEMBER DAVID W. ROBBINS • 8-B HERMAN AVENUE EXT. • ASHEVILLE, NC 28803

MEMBER FRANCISCO GONZALEZ • 8-B HERMAN AVENUE EXT. • ASHEVILLE, NC 28803

ACCOUNTANT DAVID COUNCIL • 8-B HERMAN AVENUE EXT. • ASHEVILLE, NC 28803

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.) ATTACHED

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

TEMPORARY INDUSTRIAL STAFFING AGENCY

David Council, Accountant
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 COUNCIL
Typed or printed name of signee



NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

CAROLINA STAFFING GROUP, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 20th day of April, 2001, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 27th day of April, 2005

Elaine F. Marshall

Secretary of State

**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:

CAROLINA STAFFING GROUP, L.L.C.

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

NRAI SERVICES, INC.

(Name)

2731 EXECUTIVE PARK DRIVE, SUITE 4

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

WESTON, FL 33331

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, Florida Statutes.

by: Lorie Reeves, Assist Sec 4/28/03
(Signature)

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