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ACCOUNT NO. : 072100000032 REFERENCE: 278554 7356549 AUTHORIZATION : ORDER DATE : July 31, 2006 ORDER TIME : 2:10 PM ORDER NO. : 278554-005 CUSTOMER NO: 7356549 FOREIGN FILINGS NAME: CAVALRYHR OF ILLINOIS LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Amanda Haddan -- EXT# 2955

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

LIMIII	ED LIABILITY COMPANY TO TRANSACT BUSINESS IN TH	E SI	THE POLICE AS SUBMITTED TO REGISTER A FOR	KUGN O	,
l. Ca	valryHR of Illinois LLC		Por	06 NUG	4
	(Name of Foreign Limited	Lia	bility Company)	8	Same
2IIIi		3.	33-1120739	خ کے	M
Con	isdiction under the law of which foreign limited liability pany is organized)		(FEI number, if applicable)	کر دص	LED PALITO
4. <u>Ju</u>	ly 12, 2005	5.	perpenial	``~\ *\(;	جبر
	(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	000	36
5. <u>u</u> j	ocu qualification			0	- A
	(Date first transacted business in F (See sections 608.501 & 608.502 F.S	orio to	ta, if prior to registration.)	,	
7. <u>40</u>	I N. Michigan Avenue, Suite 1200				
Cī	nicago, IL 60611				
	(Street Address	of	Principal Office)		
	limited liability company is a manager-managed				
y. 11	te name and usual business addresses of the mar	ıag	ing members or managers are as follows:		
K	SP Holdings LLC				
4	01 N. Michigan Avenue, Suite 1200				
<u>c</u>	hicago, IL 60611				
in jui ranslat	sdiction under the law of which it is organized. (A photocopion of the certificate under ooth of the translator must be sub	y is mill	ed)	niebn	
11. N	lature of business or purposes to be conducted o	t p	romoted in Florida: Temporary Employment Service		
	70-		Pare		
		7.S.,	orized representative of a member, the execution of this document constitutes that the facts stated herein are true.)		
	Keith Price, Member of KSP Holdin	185 Ì	LLC		
	Typed or printed	i na	ame of signee		

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	of the Limited Liability (Company is:			
CavalryHR of Il	linois LLC				
2. The name a	and the Florida street add	dress of the registered agent and office are:			
	Corporation Service Company				
	(Name)				
	1201 Hays Street				
	Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Tallahassee	FL 32301			
		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: (Signature)

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

File Number

0156591-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

CAVALRYHR OF ILLINOIS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 12, 2005, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 1ST day of AUGUST A.D. 2006.

Desse White