M06000004829

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ACCOUNT NO. : 072100000032

REFERENCE : 346462

7532699

AUTHORIZATION /

OST LIMIT 😢 📞 125.0

ORDER DATE: August 30, 2006

ORDER TIME : 10:09 AM

ORDER NO. : 346462-005

CUSTOMER NO: 7532699

FOREIGN FILINGS

NAME: JACKSON ALLIED STAFFING, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Denise Mick -- EXT# 2950

EXAMINER:



August 31, 2006

DENISE MICK CSC TALLAHASSEE, FL

SUBJECT: JACKSON ALLIED STAFFING, LLC

Ref. Number: W06000038516

We have received your document for JACKSON ALLIED STAFFING, LLC and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

The R.A. page is missing from the filing. Please resubmit the filing with the R.A. page.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Letter Number: 506A00053330

Buck Kohr Document Specialist ACCURATE SINGS MOUS

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

IN COMPLIANCE	WITH SECTION 608.503, FLORIDA COMPANY TO TRANSACT BUSINES	STATUTE S INTHE S	S, THE FOLLOWING IS S STATE OF FLORIDA:	SUBMITTED TO RI	EGISTERN FORESON
	ed Staffing, LLC) 11 V 11 11 12 L	THE STATE OF THE S	?	Carlo Co &
L. Jackson Alli	(Name of Foreign	Limited Li	ability Company)		75.P. 14
	er the law of which foreign limited I		20-4430668 (FEI num	ber, if applicable)	
company is organ		5.	"perpetual"		ORTICA
	Pate of Organization)		(Duration: Year limited exist or "perpetual")	I liability company	will cease to
6. April 1, 200	(Date first transacted busin (See sections 608.501 & 608	ess in Flor ,502 F.S.	ida, if prior to registration to determine penalty liabil	i.)	
7. 3650 Mans	sell Road, Suite 300	······································			
Alpharetta,	Georgia 30022 (Street	Address o	f Principal Office)	COMPONENTS OF THE PROPERTY OF	
8. If limited liab	oility company is a manager-m	anaged (company, check here [✓	
9. The name and	d usual business addresses of t	he mana	ging members or man	agers are as foll	ows:
Richard L.	Jackson, 3650 Mansell Rd.	Ste 300), Alpharetta Ga 30	022	- the second to
Shane Jac	kson, 3650 Mansell Rd. S	te 300,	Alpharetta Ga 300	22	, marine
Steve Loc	kwood, 3505 Lake Lynd	la Dr. S	Ste 207, Orlando,	FI 32817	
the jurisdiction unde	riginal certificate of existence, no mon er the law of which it is organized. (A tificate under eath of the translator mu	photocopy	is not acceptable. If the cer		
11. Nature of bu	usiness or purposes to be cond	ucted or	promoted in Florida:	Healthcare	temporary
Staffing Ag	jency			·	
	ρ	61	Molan		
	Signature of a member (In accordance with section 60s an affirmation under the penalt	.408(3), F.	S., the execution of this docu	ment constitutes	
	Richard L. Jackson				
	Typed or	printed	name 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 the Limited Liability Company is:
JA	CKSON ALLIED STAFFING, LLC
2.	The name and the Florida street address 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
	wing been named as registered agent and to accept service of process for the above stated limited

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.

Corporation Service Company

By:

One of the Company

One of the Company

One of the Company

As its agent

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

Control No. 0618074

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Cathy Cox, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

JACKSON ALLIED STAFFING, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 02/24/2006 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated 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 date issued. 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 certificate is issued pursuant to 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.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 30th day of August, 2006

Cathy Cox Secretary of State

Certification Number: 265054-1 Reference: 346462

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp