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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: ASAP STAFFING, LLC		
(Name of Lim	ited Liability Company)	
	ability Company for Authorization to Transact Business in abmitted to register the above referenced foreign limited	
Please return all correspondence concerning this m	natter to the following:	
Jill Satterlee		
(Na	me of Person)	
ASAP Staffing, LLC		
(Fir	m/Company)	
3885 Holcomb Bridge Road		
	(Address)  HETARY OF A	
Norcross, GA 30092		
(City/St	ate and Zip Code)	
For further information concerning this matter, ple		
Jill Satterlee	at ( 770 ) 246-1718 x236	
(Name of Person)	(Area Code & Daytime Telephone Number)	
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount:  \$\Bigsim \frac{\partial \text{125.00 Filing Fee}}{\text{Feeting Fee}} \Bigsim \frac{\partial \text{130.00 Filing Fee}}{\text{Certificate of }}\$	☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate	

## 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.	1. ASAP Staffing, LLC						
- •	(Name of Foreign Limited Liability Company)						
2.	2. Gwinnett County, GA 3. 58-2372559						
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)						
4.	<sub>4.</sub> 02/20/1998 <sub>5.</sub> Perpetual						
	(Date of Organization) (Duration: Year limited liability company wi exist or "perpetual")	Il cease to					
6.	<sub>6.</sub> 1/31/2007						
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)						
7.	7. 3885 Holcomb Bridge Road						
	Norcross, GA 30092						
	(Street Address of Principal Office)						
8.	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:    Roz Alford 3885 Holcomb Bridge Road Norcross, GA 30092						
9. The name and usual business addresses of the managing members or managers are as follows:							
	Roz Alford 3885 Holcomb Bridge Road Norcross, GA 30092						
	Nancy Williams 3885 Holcomb Bridge Road Norcross, GA 30092	STA					
		¥™ ¥					
the	10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having cuthe jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign lateral state of the certificate under oath of the translator must be submitted.)	-					
11	11. Nature of business or purposes to be conducted or promoted in Florida:						
	Information Technology Consulting						
	( I falford						
	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.)						
	Koz Alfrad						
	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 Limite	d Liability Compa	ny is:		•		
ASAP Staffing, LI	.c					
2. The name and the Flori	da street address o	f the registered a	agent and office are:			
CT Co	rporation Syste	ems			. 0	
		(Name)		Y TY	07 FEB	
1200 \$	South Pine Isl	and Road		HASS	8 1	71
Florida Street Address (P.O. Box NOT ACCEPTABLE)			EE, J	; + ≥ ≥=	FILED	
Planta	tion	उम	33324	AHASSEE, FLORID	=	<u> </u>
<del></del>		City/State/Zip			<u> </u>	

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.

RACHEL T. HAYES ASSISTANT SECRETARY

\$ 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 GEORGIA

## Secretary of State

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

## CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

### **ASAP STAFFING, LLC**

#### **Domestic Limited Liability Company**

was formed or was authorized to transact business on 02/20/1998 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 8th day of February, 2007

Karen C Handel Secretary of State

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Certification Number: 689608-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp