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SECRETARY OF STATE
ALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 9, 2007

TOM J. HANCOCK 112 COURT STREET GADSDEN, AL 35901

SUBJECT: THE HANCOCK MANAGEMENT GROUP LLC

Ref. Number: W07000055483

We have received your document for THE HANCOCK MANAGEMENT GROUP LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 707A00065333

COVER LETTER

TO: Registration Section

Division of Corporations			
SUBJECT: The Hancock Mon	ragement Group, LLC ted Liability Company		
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited		
Please return all correspondence concerning this ma	atter to the following:		
Name of Person)			
(Name of Person)			
The Knock Monagement Group, LLC (Firm/Company)			
1/2 Court Street ASS			
	Address)		
Gadsden,	te and Zip Code) AASSET TO		
(City/Sta	te and Zip Code)		
(Address) Gadsden, AL 3590/ (City/State and Zip Code) For further information concerning this matter, please call:			
	at (<u>256</u>) <u>546-9493</u> (Area Code & Daytime Telephone Number)		
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount: \$\Bigsim \frac{1}{2} \frac{1}{2	\$155.00 Filing Fee & \$\Bigcup\$\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Cop		

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 FOREIGI LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. The Harock Management Crown, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
Company, "L.L.C.," "LLC.") 2. ALBAMA (Jurisdiction under the law of which foreign limited liability company is organized) 4. 3/16/2007 (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) Cadsden, AL 3590 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here
4. 3/16/2007 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 1/2 Court Street
Gadsden, AL 3590) (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:
Tom J. Hencock, 112 Court Street, Gadsden, AL 3590, David G. Chaviers, 112 Court Street, Godsden, AL 3590,
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.)
11. Nature of business or purposes to be conducted or promoted in Florida: PEO - Professional
Employer Organization (Ith Ontsourcing)
Tout House
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.)
Jon J. Honcoll
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:	
The Hancock Management Group, LLC	
If name unavailable, the alternate name to be used in the state of l	Florida is:
2. The name and the Florida street address of the registered agen	and office are CARE II
NRAI Services, Inc.	Sign
(Name)	
2731 Executive Park Drive, Suite 4	으로 f
Florida Street Address (P.O. Box NOT ACC	TET 30
Weston FL 33331	<u></u>
City/State/Zip	
Having been named as registered agent and to accept service of pre liability company at the place designated in this certificate, I hereby agent and agree to act in this capacity. I further agree to comply we relating to the proper and complete performance of my duties, and obligations of my position as registered agent as provided for in Ch. NRAI Services, Inc. By: (Signature) Xonda Diven, Assistant Secretary	v accept the appointment as registered ith the provisions of all statutes I am familiar with and accept the apter 608, Florida Statutes.
\$ 100.00 Filing Fee for App	
\$ 25.00 Designation of Re	gisterea Agent

Certified Copy (optional)

Certificate of Status (optional)

\$ 30.00

\$ 5.00

Beth Chapman Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that The Hancock Management Group, LLC organized in the office of the Judge of Probate of Etowah County on March 16, 2007. I further certify that the records do not disclose that said The Hancock Management Group, LLC has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

November 26, 2007

Date

Beth Chapman

Beth Chapman

Secretary of State