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SECRETARY OF STATE
TALL AHASSEF, FLORIDA

J. BRYAN

MAR 1 9 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Venture Staffing, LLC	mited Liebility Commonly
(Name of Li	mited Liability Company)
	iability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited
Please return all correspondence concerning this	matter to the following:
Angela Jones	7. S. O.
4)	Jame of Person)
Tipton Jones	XXXX C
·	FLORETARY OF STATE OF STATE OF STATE
P.O. Box 601025	
	(Address)
Dallas, TX 75360-1025	
(City/S	State and Zip Code)
For further information concerning this matter, p	lease call:
Angela Jones	at (214) 979-0100
(Name of Person)	at (214) 979-0100 (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: \$\sum{1}\$\$125.00 Filing Fee \$\sum{1}\$\$\$\$ \$130.00 Filing Fee & Certificate of \$\sum{1}\$\$\$\$\$\$\$\$\$\$\$	

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. Venture Staffing, LLC (Name of Foreign Limited Liability Company; must include	
(Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C.," "LLC.")	of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability
₂ Nevada 3.	26-4292187
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
	perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6	
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	ida, if prior to registration.) o determine penalty liability)
_{7.} 411 Larchmont Way	7.5. 0
Mountain Top, PA 18707	TOWN AS T
(Street Address o	f Principal Office)
8. If limited liability company is a manager-managed of	company, check here
9. The name and usual business addresses of the mana	110
Carol Haines	NO P
411 Larchmont Way	···
Mountain Top, PA 18707	
10. Attached is an original certificate of existence, no more than 90 dathe jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subm	
11. Nature of business or purposes to be conducted or	promoted in Florida:
any and all lawful purposes	
assal nich	renew
	horized representative of a member.
(In accordance with section 608.408(3), F. an affirmation under the penalties of perju	S., the execution of this document constitutes ry that the facts stated herein are true.)
Carol Haines	

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.

	Staffing, LLC	
If name unav	vailable, the alternate name to be used in the state of Florida is:	
2. The name	e and the Florida street address of the registered agent and office are:	OS MAR 18
	Incorp Services, Inc.	(04)
	(Name)	HII:06
	17888 67th Court North	%
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	P
	Loxahatchee FL 33470	
	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.

2 on behalf of Incorp Services, Inc.

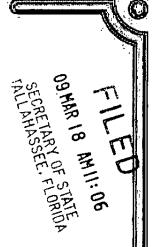
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Designation of Registered Ager \$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, VENTURE STAFFING, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 18, 2009, and is in good standing in this state.

and the state of t

Electronic Certificate
Certificate Number: C20090223-3208
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 23, 2009.

ROSS MILLER Secretary of State