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SECRETARY OF STATE
ALLAHASSEE, FLORIDA



ACCOUNT NO. : I2000000195 X REFERENCE AUTHORIZATION COST LIMIT ORDER DATE: May 26, 2009 ORDER TIME : 1:20 PM ORDER NO. : 015180-005 CUSTOMER NO: 7532950 FOREIGN FILINGS NAME: PARKER STAFFING SERVICES, 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: Joyce Markley -- EXT# 2930

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE PLIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF	
1. Payker Staffing Serv (Name of Foreign Limited Liability Company; must include "Limit	
(Name of Foreign Limited Liability Company; must include "Limit	ed Liabilite Company ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of trans	acting hydrings in Florida and attach a conv of the written
consent of the managers or managing members adopting the alternate name Company, "L.L.C.," "LLC.")	e. The alternate name must include "Limited Liability
	一个一个
2. CECYALA (Jurisdiction under the law of which foreign limited liability company is organized) 3.	(FEI number, if applicable) The alternate name must include "Limited Liability" (FEI number, if applicable) The alternate name must include "Limited Liability" (FEI number, if applicable) The alternate name must include "Limited Liability" (FEI number, if applicable) The alternate name must include "Limited Liability" (FEI number, if applicable)
4. $\frac{2\sqrt{23}/06}{\text{(Date of Organization)}}$ 5. (Dura	perpetual sig 3
(Date of Organization) (Dura exist	ttion: Year limited liability company will cease and or "perpetual")
6. None	ag fr
6. Nowe (Date first transacted business in Florida, if pr (See sections 608.501 & 608.502 F.S. to determ	ior to registration.) ine penalty liability)
7. 605 - 5th Avenue S	outh Suite 850"
Seattle NA 98104	vuth Suite 850
(Street Address of Princip	al Office)
8. If limited liability company is a manager-managed compan	y, check here
9. The name and usual business addresses of the managing me	embers or managers are as follows:
Kathryn Riley; 605 5th Avenue S., Suite 8	50. Seattle. WA 98104
10. Attached is an original certificate of existence, no more than 90 days old, di	
the jurisdiction under the law of which it is organized. (A photocopy is not acc translation of the certificate under oath of the translator must be submitted.)	eptable. If the certificate is in a foreign language, a
, and the second se	ed in Florida: Staffing
11. Nature of business or purposes to be conducted or promote	ed in Florida:
Servies	·
La there	
Signature of a member or an authorized (In accordance with section 608.408(3), F.S. (the execution for the section for the sec	representative of a member.
an affirmation under the penaltics of perjury that the	facts stated herein are true.)
Typed or printed name of	
r yped 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:	
Parker Staffing Services, LLC	
If name unavailable, the alternate name to be used in the state of Florida is:	
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)	
Tallahassec _{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.

Corporation Service Company

Joyce L. Markley 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. 0618069

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

PARKER STAFFING SERVICES, 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 26th day of May, 2009

Karen C Handel Secretary of State

Faven C. Handel

Certification Number: 4343049-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp