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| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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J. BRYAN

AUG 2 1 2009

EXAMINER

COVER LETTER

| | on of Corporations | | | | |
|----------------------------|---|---|---|-----------------------------|----|
| SUBJECT: | Jawood Busi | ness Process Solutions, LLC | | | |
| | N | lame of Limited Liability Company | *************************************** | | |
| | | ability Company for Authorization to Transac above referenced foreign limited liability con | | | |
| Please return al | ll correspondence concerning this i | matter to the following: | | | |
| | | Name of Person | <u></u> | _ | |
| | Jawood | Business Process Solutions, LLC | | | |
| | | Firm/Company | | | |
| | 575 | A New King Street Suite 220 | | | |
| | 313 | 0 New King Street, Suite 330 Address | | | |
| | | | | SE SE | |
| | Troy, Mt 48098 | | |) AUG CRET | |
| | | City/State and Zip Code | | JG 20 ETARY HASSI | |
| | R-mail uddress | : (to be used for future annual report notificati | on) | 1 1 1 - × | ŢT |
| For further info | ormation concerning this matter, pl | • | , , , , , , , , , , , , , , , , , , , | AM II: 42 OF STATE OF STATE | C |
| | Toni Pollock | at (561) | 292-3640 | | |
| # | Name of Person | Area Code & Daytime Telephone Nur | nber | | |
| Divisi Regist P.O. E | on of Corporations tration Section 30x 6327 hassee, FL 32314 | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | ; | | |
| Enclosed is | a check for the following am | ount: | | | |
| \$12 | 25.00 Filing Fee \$130.00 Fi Certificat | ling Fee & \$155.00 Filing Fee & Certified Copy | \$160.00 Filing Fed of Status & Co | | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 10, 2009

JAWOOD BUSINESS PROCESS SOLUTIONS, LLC 5750 NEW KING STREET, SUITE 330 TROY, MI 48098

SUBJECT: JAWOOD BUSINESS PROCESS SOLUTIONS, LLC

Ref. Number: W09000036101



We have received your document for JAWOOD BUSINESS PROCESS SOLUTIONS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

The document must include the period of duration, which may be perpetual.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 909A00027209

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: Jawood Business Process Solutions, 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.") Michigan (Jurisdiction under the law of which foreign limited liability company is organized) (Date of Organization) January 1, 2009 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7 168 Orange Dr. Boynton Beach, Fl 33436 (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: 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: Staffing, IT Consulting, at

Signatury 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.)

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.

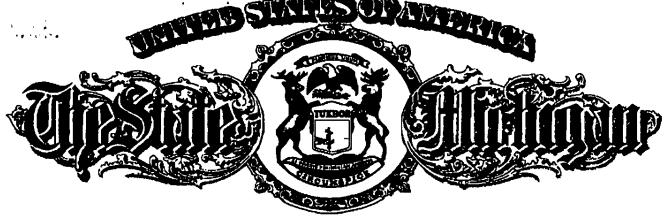
| 1. The name of the Limited Liability Company is: | | |
|---|-------------------------------------|----|
| Jawood Business Process Solutions, LLC | | |
| If unavailable, the alternate to be used in the state of Florida is: | | |
| The name and the Florida street address of the registered agent and office are: | | |
| Toni Pollock (Name) | 09 SEC FALL | |
| 168 Orange Dr | 09 AUG 20 SECRETARY ILLAHASSE | 77 |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | F 50.00 | Ī |
| Boynton Beagh, 33436 City/State/Zip | II: 43 STATE LORIDA | U |
| Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment of | | `; |

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.

(Signature)

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

\$ 5.00 Certificate of Status (optional)



This is to Certify That

JAWOOD BUSINESS PROCESS SOLUTIONS, LLC

was validly organized on August 9, 2004 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission 992911

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 3rd day of August, 2009

Deputy Director

Bureau of Commercial Services