M1000000108

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Dusiness Linuty Harrie)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
'						

Office Use Only



300163967043

01/07/10 -01022--027 **160.00

10 JAN - 7 RM 1: 48
SECOLLARY OF STATE
ALLAHASSET, RELORD

S. HAWKES

JAN 8 2010

EXAMINER

CARPENTER & LEWIS PLLC

ATTORNEYS & COUNSELORS AT LAW

STEPHEN L. CARPENTER BRADLEY S. LEWIS AMANDA B. BRABHAM 10413 KINGSTON PIKE, SUITE 200 KNOXVILLE, TENNESSEE 37922 TELEPHONE: (865) 690-4997 FACSIMILE: (865) 690-4790 WWW.CARPENTERLEWIS.COM

January 6, 2010

VIA FEDEX: 7982 7736 3670

Florida Secretary of State Division of Corporations Registration Section 2661 Executive Center Circle Tallahassee, FL 32301

RE: Employee Staff LLC

Dear Sir or Madam:

Please find enclosed the following original executed documents to register a foreign limited liability company to transact business in Florida for the above-referenced entity:

- 1. Certificate of Existence from the State of Tennessee, dated December 10, 2009;
- 2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida:
- 3. Certificate of Designation of Registered Agent/Registered Office; and
- 4. My firm's check made payable to the Florida Department of State, in the amount of \$160.00 for the requisite filing fee, which consists of the filing fee, designation of Registered Agent, Certified Copy, and Certificate of Status.

Please return the filed documents to us in the self-addressed stamped envelope provided.

Thank you in advance for your assistance. Should you have any questions, please do not hesitate to contact us.

Amanda B. Brabham

Attorney and Counselor at Law

ABB/sec Enclosures

COVER LETTER

Div	ision of Corporations
SUBJECT:	Employee Staff LLC
	Name of Limited Liability Company
	"Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of the check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return	all correspondence concerning this matter to the following:
	Amanda B. Brabham, Esq.
	Name of Person
	Carpenter & Lewis PLLC Firm/Company
,	40.440 Mi
	10413 Kingston Pike, Suite 200 Address
	Knoxville, Tennessee 37922 City/State and Zip Code
	mandy@carpenterlewis.com E-mail address: (to be used for future annual report notification)
For further ir	formation concerning this matter, please call:
	Amanda B. Brabham, Esq. at (865) 690-4997 Name of Person Area Code & Daytime Telephone Number
Divi Reg	ILING ADDRESS: sion of Corporations bistration Section Box 6327 STREET ADDRESS: Division of Corporations Registration Section Clifton Building
	ahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is	a check for the following amount:
□s	125.00 Filing Fee \$\int \text{\$130.00 Filing Fee & }\int \text{\$155.00 Filing Fee & }\int \text{\$160.00 Filing Fee, Certificate }\text{Certificate Copy}\$

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

	TH SECTION 608.503, FLORIL OMPANYTO TRANSACTBUSINI			SUBMITTED TO	REGISTER A FORE
,					P 4
(Name of Forei	gn Limited Liability Company;	nployee St : must include "	Limited Liability Com	pany," "L.L.C"	or "LEC:")
	,			·	4
	enter alternate name adopted fo				
consent of the manager Company," "L.L.C," "	rs or managing members adopt	ing the alternate	name. The alternate r	ame must include	"Limited Liability
Company, L.L.C,	LLC.)				
2	Tennessee he law of which foreign limited	3	(FEI num	-8080098	~ 7
(Jurisdiction under t company is organize	he law of which foreign limited ed)	1 liability	(FEI num	ber, if applicable)	
4	12/19/2006	5.		Perpetual	
(Date	12/19/2006 c of Organization)		Duration: Year limite exist or "perpetual")	d liability company	y will cease to
6 N/A no husine	ess transacted to date				
o. IVA - Ho busine	(Date first transacted bus (See sections 608.501 & 60	iness in Florida, 08.502 F.S. to d	, if prior to registration etermine penalty liabil	i.) ity)	
7. <u>5543 Edmonso</u>	n Piko #100				
7. 2343 Editionso	/// FING # 130				
Nashville, Tenr	nessee 37211		•		•
	(Stree	et Address of Pr	incipal Office)		
8. Íf limited liabilit	ty company is a manager-	managed con	npany, check here	✓	
9. The name and u	sual business addresses of	f the managin	g members or man	— agers are as fol	lows:
Philip E. Lawre	ence			•• .	
444 Thurmor C	irolo.		·		
444 Thurmer C	<u> </u>	<u>.</u>		<u> </u>	
Lènoir City Te	nnessee 37772				5
Lenon Oity, 16	IIIIessee of ff2		11,212		
10. Attached is an origin	nal certificate of existence, no m	onthan 90 days o	old, duly authenticated l	by the official havi	ing cutady of records
	e law of which it is organized. (
	cate under oath of the translator r				<i>5 5 5</i> 7
			• •	: ·	
11. Nature of busin	ness or purposes to be con-	ducted or pro	moted in Florida:	employee	leasing
		•			٠.
		company		j	*
· · · ·	_ Shill	TP E	Tarrow	<u>/</u>	•
	Signature of a member (In accordance with section 60				
	an affirmation under the penal				
	•	Philip E. Lav	wrence	•	•
· ·	Typed o	or printed nam			•

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:	
Employee Staff LLC	Po = T
If unavailable, the alternate to be used in the state of Florida is:	記して
2. The name and the Florida street address of the registered agent and office are:	Daniel B
NRAI Services, Inc. (Name)	- -
2731 Executive Park Drive, Suite 4 Florida Street Address (P.O. Box NOT ACCEPTABLE)	-
Weston, FL 33331 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.

Peter F. Souza Assistant Secretary

(Signature)

\$ 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 TENNESSEE Tre Hargett, Secretary of State

Division of Business Services 312 Rosa L. Parks Avenue 6th Floor, William R. Snodgrass Tower Nashville, TN 37243

AMANDA B. BRABHAM, ESQ.

10413 KINGSTON PIKE STE 200

Knoxville, TN 37922 USA

Request Type: No Fee Certificate of Existence/Authorization

Request #:

0004395

/Authorization Issuance Date: 12/1
Copies Requested:

Document Receipt

Receipt #:

Regarding: EMPLOYEE STAFF LLC

Filing Type: Limited Liability Company - Domestic

Charter/Qualification Date: 12/19/2006

Status:

Active

Duration Term: Perpetual

Filing Fee:

Control # :
Date Formed:

536500 12/19/2006

Jurisdiction:

Davidson County

December_10, 2009

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that

EMPLOYEE STAFF LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has filed the most recent corporation annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination.

Tre Hargett, Secretary of State Business Services Division