MUUUUUU 4987

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

Office Use Only

B. KOHR
NOV 1 5 2010

EXAMINER

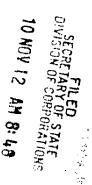


100187452561

DEFARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED

EXAMINER :





ACCOUNT NO. : I2000000195 REFERENCE : 575530 7193709 AUTHORIZATION COST LIMIT ORDER DATE: November 12, 2010 ORDER TIME: 1:56 PM ORDER NO. : 575530-010 CUSTOMER NO: 7193709 FOREIGN FILINGS NAME: OCTAGON TECHNOLOGY STAFFING OF MIAMI-DADE, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Doreen Wallace -- EXT# 2928

EXAMINER:

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. Octagon Technology Staffing of Miami-Dade, 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,") 2. Delaware (Jurisdiction under the law of which foreign limited liability (PEI number, if applicable) company is organized) October 15, 2010 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 P.S. to determine penalty liability) 7. 401 East Las Olas Boulevard, Suite 1400 Fort Lauderdale, FL 33301 (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: Mitchel Kramor, Manager 401 East Las Olas Boulevard, Suite 1400 Fort Lauderdale, FL 33301 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 onth of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Recruitment and placement of information technology personnel. 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.) Mitchel Kramer 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: |
|---|
| Octagon Technology Staffing of Miami-Dade, 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: |
| Mitchel Kramer |
| (Name) |
| 401 East Las Otas Boulevard, Suite 1400 |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) |
| Fort Lauderdale, FL 33301 |
| 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. Material Russer (Signature) |

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OCTAGON TECHNOLOGY STAFFING OF

MIAMI-DADE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO

FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF

NOVEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OCTAGON TECHNOLOGY STAFFING OF MIAMI-DADE, LLC" WAS FORMED ON THE FIFTEENTH DAY OF OCTOBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4885617 8300

101081464

Jeffrey W Bullock, Secretary of State

AUTHENT CATION: 8348277

DATE: 11-12-10

You may verify this certificate online at corp.delaware.gov/authver.shtml