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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MDT Personnel Contracts, LLC		
Name of Limited Liability Company		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and 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:		
Joey Guarino, Esq.		
Name of Person		
MDT Personnel, LLC		
Firm/Company		
17757 US 19 N., Suite 660		
Address		
Clearwater, FL 33764		
City/State and Zip Code		
joey.guarino@mdtpersonnel.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
· · · · · · · · · · · · · · · · · · ·		
Denise Russell at (727) 786-3735		
Name of Person Area Code & Daytime Telephone Number		
MAILING ADDRESS: STREET ADDRESS:		
Division of Corporations Division of Corporations		
Registration Section Registration Section P.O. Box 6327 Clifton Building		
Tallahassee, FL 32314 2661 Executive Center Circle		
Tallahassee, FL 32301		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \\ \text{Certified Copy} \\ \sigma \\$160.00 Filing Fee, Certified Copy		

'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. M	DT Personnel Contracts, LLC	
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If nan	ne unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the wr	itten
	nt of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability	
Compa	any," "L.L.C," "LLC.")	
2 De	elaware 3. 27-3597647	
(Jur	isdiction under the law of which foreign limited liability (FEI number, if applicable)	
com	ppany is organized)	
4 Se	eptember 29, 2010 _{5.} perpetual	
—	(Date of Organization) (Duration: Year limited liability company will cease to	
	exist or "perpetual")	
6.		
	(Date first transacted business in Florida, if prior to registration.)	
	(See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 17	7757 US 19 N., Suite 660	
<u>CI</u>	learwater, FL 33764	
	(Street Address of Principal Office)	
o it	limited liability company is a manager-managed company, check here	
0. 11	initited flability company is a manager-managed company, check here [v]	
9 Th	ne name and usual business addresses of the managing members or managers are as follows:	
, II	to number and about outsitess addresses of the managing members of managers are as forever	
М	lichael Traina, 17757 US 19 N, Suite 660, Clearwater, FL 33764	
10 A+	tached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record	le in
	isdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	111 G
	tion of the certificate under eath of the translator must be submitted.)	
•	, , , , , , , , , , , , , , , , , , ,	
11. N	Nature of business or purposes to be conducted or promoted in Florida: Staffing Technology Provider	
_		
		7.1
	Signature of a member or an authorized representative of a member $-\cdot\cdot\cdot\cdot$	KPMEA.
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the	PERM.
	penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a	
	Yohana C Guarrina	1
	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 Co	ompany is:
MDT Personnel Contracts,	LLC
If unavailable, the alternate to be used in	n the state of Florida is:
2. The name and the Florida street addr	ress of the registered agent and office are:
CT Corporation Syst	em
	(Name)
1200 S.Pine Island	i Rd
Florida Street	Address (P.O. Box NOT ACCEPTABLE)
Plantation	FL 33324 City/State/Zip
	City/State/Lip

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.

Baharu A. Burke (Signature)

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



PAGE

The First State

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

DELAWARE, DO HEREBY CERTIFY "MDT PERSONNEL CONTRACTS, 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 TWENTY-NINTH DAY OF NOVEMBER, A.D.

2010.

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

4878477 8300

101079598

AUTHENTY CATION: 8381942

DATE: 11-29-10

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