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DATE: 09/07/2011

NAME: THE CLOVIS GROUP, L.L.C.

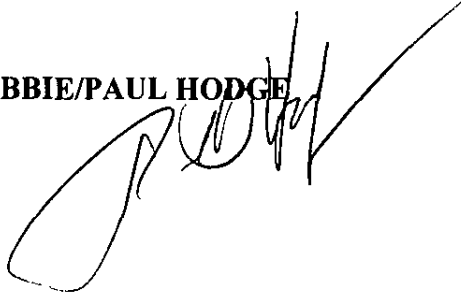
**TYPE OF FILING: APPLICATION BY FOREIGN LLC TO TRANSACT
BUSINESS IN FLORIDA**

COST: \$125

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AUTHORIZATION: ABBIE/PAUL HODGE



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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. THE CLOVIS GROUP, L.L.C.
(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. Maryland 3. 52-2283536
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11/20/2000 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon filing
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 10411 Motor City Drive, Suite 450, Bethesda, MD 20817
(Street Address of Principal Office)

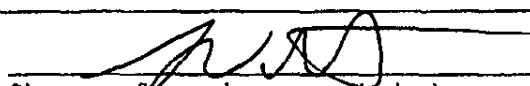
8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

See attached

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


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.)

ANTHONY VALENTE, Member

Typed or printed name of signer

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11 SEP 17 PM 3:31

Managers

Name

Address

David Belluck	699 Boylston Street, 8th Floor, Boston, MA 02116
Ian Blasco	699 Boylston Street, 8th Floor, Boston, MA 02116
Ken Dreyer	30 Audubon Rd., Wakefield, MA 01880
David MacKeen	30 Audubon Rd., Wakefield, MA 01880
Mona Taliaferro	30 Audubon Rd., Wakefield, MA 01880
Greg Diamond	10411 Motor City Drive, Suite 450, Bethesda, MD 20817

Members

Name

Address

Susan Bornstein	30 Audubon Rd., Wakefield, MA 01880
Margaret Murphy	30 Audubon Rd., Wakefield, MA 01880
Anthony Valente	30 Audubon Rd., Wakefield, MA 01880
Jeffrey Rogers	30 Audubon Rd., Wakefield, MA 01880
Chris Howgate	30 Audubon Rd., Wakefield, MA 01880
Riverside Fund IV, L.P.	30 Audubon Rd., Wakefield, MA 01880
Riverside-Ellassen Blocker Corp.	30 Audubon Rd., Wakefield, MA 01880
Michael McBrierty	30 Audubon Rd., Wakefield, MA 01880
Kenneth Dreyer	30 Audubon Rd., Wakefield, MA 01880
David MacKeen	30 Audubon Rd., Wakefield, MA 01880
Richard Romano	30 Audubon Rd., Wakefield, MA 01880
Scott Cordiero	30 Audubon Rd., Wakefield, MA 01880
Robert Cuneo	30 Audubon Rd., Wakefield, MA 01880
Larry Hemley	30 Audubon Rd., Wakefield, MA 01880
Greg Diamond	10411 Motor City Drive, Suite 450, Bethesda, MD 20817
Serge Khoury	10411 Motor City Drive, Suite 450, Bethesda, MD 20817

**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:

THE CLOVIS GROUP, L.L.C.

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

NRAI Services, Inc.

(Name)

515 East Park Avenue

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

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.

NRAI Services, Inc.

By: Suzanne T. Cryan

(Signature)

Suzanne T. Cryan, Asst. Secretary

\$ 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 MARYLAND
Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT THE CLOVIS GROUP, L.L.C., REGISTERED NOVEMBER 20, 2000, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 07, 2011.

Paul B. Anderson

Paul B. Anderson
Charter Division



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