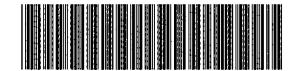
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T. BROWN

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: MCM Staffing Hospita	tality LLC			
	Name of Limited Liability Company			
	d Liability Company for Authorization to Transact Busine the above referenced foreign limited liability company to			
Please return all correspondence concerning the	his matter to the following:			
Courtney Morales	· · · · · · · · · · · · · · · · · · ·			
	Name of Person			
MCM Staffing Hospitality LLC				
	Firm/Company			
20300 W 12 Mile F				
	Address			
Southfield, MI 480)76			
	City/State and Zip Code			
Courtney@MCMSt	staffing.com			
E-mail add	ddress: (to be used for future annual report notification)			
For further information concerning this matter,	r, please call:			
Courtney Morales Hofm	rson at (248 Area Code) 436-2616 Daytime Telepho			
Name of Contact Pers	rson Area Code Daytime Telepho	ne Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	0 Filing Fee & □ \$155.00 Filing Fee & ■ \$160.00	Filing Fee, Certificate s & Certified Copy		

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

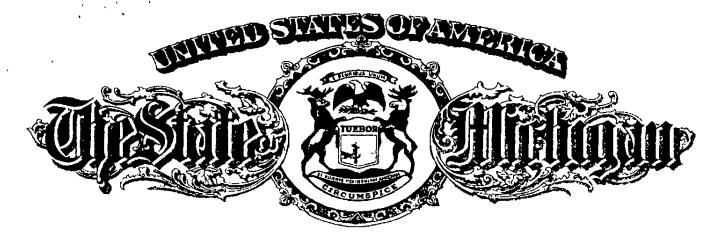
MCM Staffing Hospitality,LLC	
(Name of Foreign Limited Liability Company; must inch	lude "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of the Liability Company," "L.L.C," or "LLC.")	transacting business in Florida. The alternate name must include "Limited
_{2.} Michigan	_{3.} 46-1678952
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4	
4. (Date first transacted business in (See sections 605.0904 & 605.0905	n Florida, if prior to registration.) 5, F.S. to determine penalty liability)
5. 20300 W 12 Mile Road, Suite 102	55 5 m
Southfield, MI 48076	
(Street Addres	ss of Principal Office)
6. 20300 W 12 Mile Road, Suite 102	
Southfield, MI 48076	O7
(Maili	ling Address)
7. The name, title or capacity and address of the personal Jorge Morales, Chairman, 1452 East Lincoln Avance of the personal Property of the Propert	.,
having custody of records in the jurisdiction under the	more than 90 days old, duly authenticated by the officiane law of which it is organized. (A photocopy is not a translation of the certificate under oath of the translation
	an authorized person Institutes an affirmation under the penalties of perjury that the facts stated herein are not of State constitutes a third degree felony as provided for in s.817.155, F.S.)
Jorge Morales	
Typed or printe	ed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is: MCM Staffing Hospitality, LLC						
If unavailable	, the alternate to be used	l in the	state of Florida is	::		
		'				
2. The name	and the Florida street ad	dress o	of the registered ag	gent and office are:		
	Corporation Service C	Compan	у			
		•	(Name)			
	1201 Hays Street					
	Florida Str	ect Add	ress (P.O. Box NOT	ACCEPTABLE)		
	Tallahassee		FL	32301	<u>.</u>	
			City/State/Zip			
liability comparegistered age statutes relati	named as registered agen any at the place designat ent and agree to act in thi ng to the proper and com ligations of my position a	ed in th is capa plete p	his certificate, I he city. I further agr erformance of my	reby accept the app ee to comply with th duties, and I am far	ointment as ne provisions of all miliar with and	
	Saia	hi	Deignt			
	Sarah Wright, Asst. Vice	e Presid	ture) ent on behalf of Cor	rporation Service Con	npany	
	S	00.00 25.00 30.00		Registered Agent		

\$ 5.00 Certificate of Status (optional)





This is to Certify That

MCM STAFFING HOSPITALITY, LLC

was validly organized on December 7, 2012 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.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 20th day of March, 2014

Alan J. Schefke, Director

John

Corporations, Securities & Commercial Licensing Bureau