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UNIQUE STAFF LEASING, LLC

TYPE OF FILING: APPLICATION

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COVER LETTER

TO:	Registration Section
	Division of Cornerations

SUBJECT: Unique Staff Leasing 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:

Samantha Campbell Name of Person Registered Agent Solutions, Inc. Firm/Company 1701 Directors Blvd., Suite 300 Address Austin, TX 78744 City/State and Zip Code clientservices@rasi.com

For further information concerning this matter, please call:

Samantha Campbell	at (888	705-7274
Name of Contact Person	Area Code	Daytime Telephone Number

MAILING ADDRESS: Division of Corporations

Registration Section P.O. Box 6327

Tallahassee, FL 32314

STREET ADDRESS:

E-mail address: (to be used for future annual report notification)

Division of Corporations Registration Section Clifton Building 2661 Executive Center Ci

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 \$\Bigcup \text{Certified Copy}\$\$
\$\Bigcup \\$1125.00 Filing Fee \& Certified Copy
\$\Bigcup \\$125.00 Filing Fee \& Certified Copy
\$\Bigcup \\$125.00 Filing Fee \& Certified Copy
\$\Bigcup \\$1255.00 Filing Fee \& 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: L Unique Staff Leasing 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Texas (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) upon approval (Dute first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 4646 Corona Suite 105 Corpus Christi, TX 78411 (Street Address of Principal Office) 6, 4646 Corona Suite 105 Corpus Christi, TX 78411 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Garry Bradford, Member, 4646 Corona Suite 105, Corpus Christi, TX 78411 8. 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) Signature of an authorized person (In accordance with section 605.0203, F.S., the exception of this document constitutes an affirmation under the ponalties of perjury that the facts stated therein are true. I am aware that any false information submitted in speciment to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Garry Bradford, Member Typed or printed 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.

1. The name of	of the Limited Liability C	Company is:	
Unique	Staff Leasing L	LC	
If unavailable,	the alternate to be used	in the state of Florida is:	
2. The name a	and the Florida street add	ress of the registered agent and office are:	
	Registered A	gent Solutions, Inc.	
		(Name)	1
	155 Office Pl	aza Dr. Suite A	
	Florida Stree	et Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	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 605, Florida Statutes.

Jaclyn Wright, Asst. Secretary

(Sign flure)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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Corporations Section
•P.O.Box 13697
Austin, Texas 78711-3697



Carlos H. Cascos Secretary of State

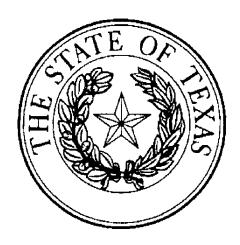
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Organization for UNIQUE STAFF LEASING, LLC (file number 706556822), a Domestic Limited Liability Company (LLC), was filed in this office on March 22, 2000.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 12, 2015.



Carlos H. Cascoss Secretary of States States Secretary of States States

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