



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/13/2002	200204304132	ARTICLES OF ORGANIZATION/DOM. LLC (LCA)	125.00	100.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

C.T. CORPORATION SYSTEM
17 S. HIGH STREET
JAMES TANKS
COLUMBUS, OH 43215

S T A T E O F O H I O**Ohio Secretary of State, J. Kenneth Blackwell****1297836**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

CAREY STAFFING ASSOCIATES, LLC

and, that said business records show the filing and recording of:

Document(s)
ARTICLES OF ORGANIZATION/DOM. LLC

Document No(s):
200204304132



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 12th day of February,
A.D. 2002.

J. Kenneth Blackwell
Ohio Secretary of State

FEB. 12. 2002 2:16PM BROUSE McDOWELL

NO. 750-1 P. 2/4

Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

☒ Yes

PO Box 1390

Columbus, OH 43216

*** Requires an additional fee of \$100 ***

☐ No

PO Box 670

Columbus, OH 43216

ORGANIZATION / REGISTRATION OF LIMITED LIABILITY COMPANY

(Domestic or Foreign)

Filing Fee \$125.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) ☒ Articles of Organization for
Domestic Limited Liability Company
(115-LCA)
ORC 1705

(2) ☐ Application for Registration of
Foreign Limited Liability Company
(106-LFA)
ORC 1705

(Date of Formation)

(State)

 RECEIVED
SECRETARY OF STATE
2002 FEB 12 PM 4:01
CLIENT SERVICE CENTER

Complete the general information in this section for the box checked above.

Name Carey Staffing Associates, LLC
☐ Check here if additional provisions are attached

Complete the information in this section if box (1) is checked.

 This limited liability company shall exist for _____
(Optional)

 Purpose
(Optional)

 The address to which interested persons may direct requests for copies of any operating agreement and any bylaws
of this limited liability company is

(Optional)

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

FEB. 12. 2002 11:24 AM FROM: BROUSE MIDWELL TO: [REDACTED] SUBJECT: [REDACTED]

Complete the information in this section if box (1) is checked Cont.

ORIGINAL APPOINTMENT OF AGENT

The undersigned, being at least a majority of the members of

Carey Staffing Associates, LLC

(name of limited liability company)

hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is:

B & McD., Inc.

(Name of Agent)

500 First National Tower, 106 S. Main Street

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Akron

(City)

Ohio

(State)

44308

(Zip Code)

Must be authenticated by an
authorized representativeCarol L. Dacoros, Organizer

Authorized Representative

2/12/02

Date

Carol L. Dacoros, Organizer

Authorized Representative

Date

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

Carey Staffing Associates, LLC

(name of limited liability company)

hereby acknowledges and accepts the appointment of agent for said limited liability Company.

CF Swing, Vice Pres.

(Agent's signature)

CF Swing, Vice President

FEB. 12. 2002 2:16PM

BROUSE MCDOWELL

NO. 790 P. 4/4

Complete the information in this section if box (2) is checked.

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

*(Optional)**(Name)* _____*(Street)* _____

NOTE: P.O. Box Addresses are NOT acceptable.

(City) _____*(State)* _____*(Zip Code)* _____

The name under which the foreign limited liability company desires to transact business in Ohio is

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

(Name) _____*(Street)* _____

NOTE: P.O. Box Addresses are NOT acceptable.

(City) _____Ohio*(State)* _____*(Zip Code)* _____

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- a. the agent cannot be found, or
- b. the limited liability company fails to designate another agent when required to do so, or
- c. the limited liability company's registration to do business in Ohio expires or is cancelled.

Must be authenticated by an
authorized representative

Carol L. Dacoros, Organizer

Authorized Representative

Carol L. Dacoros, Organizer

2/12/02

Date

Authorized Representative

Date