DOC ID ----> 200501903136

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/20/2005	200501903136	ARTICLES OF ORGANIZATION/DOM. LLC (LCA)	125.00	.00	.00	.00	.00

Receipt

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

RITTER & RANDOLPH, LAW OFFICES
105 E. FOURTH ST, SUITE 1200
CINCINNATI, OH 45202

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, J. Kenneth Blackwell

1513450

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

UNITY STAFFING LLC

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

Document(s)	Document No(s):
ARTICLES OF ORGANIZATION/DOM. LLC	**200501903136**

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 10th day of January, A.D. 2005.

J. Kenneth Blackwell

Ohio Secretary of State

DOC ID ----> 200501903136

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)	
Mail Form to one of the Following:	
○ Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of $100 ***
◉ No	PO Box 670 Columbus, OH 43216

2005 JAN 10 AM 9:17

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) _____

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

Name Unity Staffing LLC

☑ ***Check here if additional provisions are attached***

* If box (1) is checked, name must include one of the following endings: limited liability company, limited, Ltd, L.t.d., LLC, L.L.C.

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

Effective Date **(Optional)** _____ *(mm/dd/yyyy)* ***Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.***

This limited liability company shall exist for _____ *(Optional)* (Period of existence)

Purpose *(Optional)* To provide Temporary Employment Services: Industrial and Office Personnel to companies in Ohio.

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)

UNITY STAFFING LLC
(Name)
6560 G Dixie Highway
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Fairfield *(City)* OH *(State)* 45014 *(Zip Code)*

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

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member, manager or representative of

Unity Staffing 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:

JOSEPH NAVA
(Name of Agent)

11566 LEBANON ROAD
(Street) *NOTE: P.O. Box Addresses are NOT acceptable.*

SHARONVILLE *(City)* Ohio *(State)* 45140 *(Zip Code)*

Must be authenticated by an authorized representative

Authorized Representative — Date: 11/05/04

Authorized Representative — Date: 11/05/04

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

Unity Staffing LLC
(name of limited liability company)

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

(Agent's Signature)

PLEASE SIGN PAGE (3) AND SUBMIT COMPLETED DOCUMENT

DOC ID ----> 200501903136

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

(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.

REQUIRED
Must be authenticated **(signed)** by an authorized representative **(See Instructions)**

Authorized Representative — Date 11/29/04
JOSEPH NAVA
(Print Name)

Authorized Representative — Date 11/27/04
MATTHEW A. LUCAS
(Print Name)

DOC ID ----> 200501903136

Prescribed by **J. Kenneth Blackwell**
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

2004 DEC 15 AM 8:44

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

CONSENT FOR USE OF SIMILAR NAME

(For Domestic / Foreign, Profit or Non-Profit)
Must Be Accompanied By Another Form

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX) **This filing does not extend the registration period**

☐ Where consenting entity is a corporation (147-CSC)	Where consenting entity is a registrant of ☑ Trade Name ☐ Service Mark ☐ Trade Mark (149-CSN)	Where consenting entity is a ☐ Limited Liability Company ☐ Limited Partnership ☐ Partnership Having Limited Liability (148-CSL)

☐ ***Check here if additional provisions are attached***

Charter or Registration No. of Entity Giving Consent 1471715

Name of Entity Giving Consent UNITY STAFFING

Gives Its Consent To UNITY STAFFING, LLC

To Use The Name UNITY STAFFING

REQUIRED
Must be authenticated **(signed)** by an authorized representative

Authorized Representative MATTHEW A. LUCAS — Date 11-29-04

Authorized Representative — Date

If the consenting party is a partnership, all general partners must sign. If only one partner is authorized to sign, a copy of the resolution authorizing the signature must be included.