

Filing Fee: \$150.00

ID Number: 134866



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION
(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-16-49 of the General Laws, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

Kforce Flexible Solutions, LLC

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

3. The limited liability company is organized under the laws of Florida

4. The date of its organization is December 20, 2002

5. The period of duration of the limited liability company is (if perpetual, so state) perpetual

6. The address of the limited liability company's resident agent in Rhode Island is:

170 Westminster Street, Suite 900

Providence

RI

02903

(Street Address, not P.O. Box)

(City/Town)

(Zip Code)

and the name of the resident agent at such address is

Corporation Service Company

(Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

1001 East Palm Avenue, Tampa, Florida 33605

9. The mailing address for the limited liability company is:

1001 East Palm Avenue, Tampa, Florida 33605

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10. The limited liability company is to be managed by:

(Check one box only)

☐ its members or ☒ by one (1) or more managers

11. If the limited liability company has managers at the time of filing this application, please list the name and address of each manager:

<u>Manager</u>	<u>Address</u>
David L. Dunkel	1001 East Palm Avenue, Tampa, Florida 33605
David M. Kelly	1001 East Palm Avenue, Tampa, Florida 33605
William L. Sanders	1001 East Palm Avenue, Tampa, Florida 33605

12. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 9/5/03

KFORCE FLEXIBLE SOLUTIONS, LLC

Print Exact Name of Limited Liability Company Making Application

By



Signature of authorized person

State of Florida



Department of State

I certify from the records of this office that KFORCE FLEXIBLE SOLUTIONS, LLC, is a limited liability company organized under the laws of the State of Florida, filed on December 20, 2002.

The document number of this company is L02000034371.

I further certify that said company has paid all fees due this office through December 31, 2003, and its status is active.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Seventeenth day of September, 2003



CR2EO22 (2-03)

Glenda E. Hood

Glenda E. Hood
Secretary of State