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## COVER LETTER

TO:			ns			ř	
SHB IE		•	• • •				
SUBJE	.C.r		Name of	Limited Liability	Company	<del></del>	
Please r	eturn al	Il correspondence	concerning this matter to the	following:			
		Christopher Ta	pia				
			N	ame of Person			
		Allpro Staffnet	Limited-Liability Company				
			Fi	irm/Company			
TO: Registration Section Division of Corporations  SUBJECT: Name of Limited Liability Company  SUBJECT: Name of Limited Liability Company  The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certif Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Please return all correspondence concerning this matter to the following:  Christopher Tapia  Name of Person  Allpro Staffnet Limited-Liability Company  Firm/Company  545 Mainstream Dr. Suite 402  Address  Nashville, TN 37228  City/State and Zip Code  ctapia@allprostaffnet.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Christopher Tapia  Name of Contact Person  MAHLING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount:  □ \$125.00 Filting Fee □ \$130.00 Filting Fee & □ \$155.00 Filting Fee & ■ \$160.00 Filting Fee, Certification							
				Address	<del> </del>		
		Nashville, TN	37228				
		<del></del>	City/S	tate and Zip Code			
		ctapia@allprosta	ffnet.com				
			E-mail address: (to be used	d for future annua	report not	ification)	
For furt	her info	rmation concernin	g this matter, please call:				
	Christ	opher Tapia		_	318-695	56	
		Name o	of Contact Person	_	Day	time Telephone Number	
	Division Registr P.O. B	on of Corporations ration Section Section			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle	
Enclose				☐ \$155.00 Filir Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Ce of Status & Certified Cop	

## 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:

1. Allpro Staffnet Limited		mnany: must include "	Limited Liability Compan	v." "L.L.C" or "I	LLC.")	
(Name of Fost	orga Emitted Entonity Co.	inputty, states include		<b>5</b> ,	,	
(If name unavailable, enter a Liability Company," "L.L.C,	Iternate name adopted for "or "LLC.")	the purpose of transac	ting business in Florida.	The alternate name	must include "Limite	ed .
2. Nevada		3 26	-4684681			
(Jurisdiction under the law company is organized)	of which foreign limited	liability	(FEI numb	er, if applicable)		
4. N/A		· · · · · · · · · · · · · · · · · · ·	<del> </del>			
	(Date first transa (See sections 605.0	cted business in Florid 1904 & 605.0905, F.S.	la, if prior to registration.) to determine penalty liabi	lity)		
5. 10245 Lillian Highway	у			.,.,,		
Pensacola, FL 32506	(Street )	Address of Principal O	ffice)		<b>₩</b>	
545 Mainstream Dr. Su	·	sauress of Filhelpal O.	ince)			
6. 343 Wallstream Dr. 3u			<del>, , , , , , , , , , , , , , , , , , , </del>	**************************************	Posterior Programme Contraction of the Contraction	
Nashville, TN 37228					<sup>22</sup> m	
		(Mailing Address)		F 9	U	
7. Name and street address	ss of Florida registered	agent: (P.O. Box N	IOT acceptable)	ST ST	<u>س</u>	
Name:	Louis Tapia			STATE	<u>-</u>	
Office Address:	10245 Lillian Highwa	ay				
	Pensacola		, Florida <sup>3</sup>	2506		
		(City)	, , , , , , , , , , , , , , , , , , , ,	(Zip code)		
Registered agent's accep Having been named as re designated in this applica to complywith the provisi accept the obligations of the second sec	egistered agent and to a ution, I hereby accept th ons of all statutes relat	he appointment as ri tive to the proper an red agent	egistered agent and agi d complete performand	ree to act in this	capacity. I further	r agree
		(Registered agent)	s signature)			
8. The name, title or capa	acity and address of the	person(s) who has/h	nave authority to manag	e is/are:		
Louis Tapia, 10245 Lillian						
					<del></del>	
				<del></del>	<del>. , , , , .</del>	
9. Attached is a certificate jurisdiction under the law of the translator must be so	of which it is organized					
		Signature of an author	prized person			
TT 1	d in managadas id	min # 605 0202 (1) /I	1) Elamida Stanitas Lam	overen that and f	falsa information	
This document is executed submitted in a document to	of the Department of Sta	suon 603.0203 (1) (6 ite constitutes a third	degree felony as provid	led for in s.817.1.	55, F.S.	

Christopher Tapia, COO, Allpro Staffnet Limited-Liability Company

Typed or printed name of signee

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, ALLPRO STAFFNET LIMITED-LIABILITY COMPANY, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 17, 2009, and is in good standing in this state.

CO.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 13, 2016.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20160413-0833
You may verify this electronic certificate
online at http://www.nvsos.gov/