# F1600001494

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TALLAHASSEE ELOPIA.

March 22, 2016

JODIE ZIMMERMANN 8423 LENOX AVENUE JACKSONVILLE, FL 32221

SUBJECT: STAFFING WITH BLISS, INC.

Ref. Number: W16000021404

We have received your document for STAFFING WITH BLISS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 116A00005882

16 MAR 29 PH 3: 4: SECRETARY OF STATE

### **COVER LETTER**

PO: Registration Section Division of Corporations	
S I-M	Plin Tue
SUBJECT: Tatting With Name of corporation	must include suffix
Name of corporation	- must metude surra
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for a "Certificate of Existence," or "Certificate of Good Standard above referenced foreign corporation to transact business."	ding" and check are submitted to register the
Please return all correspondence concerning this matter	to the following:
Todie Zimmer	man
Name of I	
Staffin with Bliss	Tac.
Firm/Com	pany
8423 Lenox A	lenul.
Addre	ss TIO
Jacksonville. 1	71. 30001 智等
City/State ar	d Zip code
jodie @ statting with	25.Com
E-mail address (to be used for	or future annual report notification)
For further information concerning this matter, please concerning this matter are proportionally the please concerning the concerning this matter are pleased to the concerning this matter are pleased to the concerning this matter are pleased to the concerning	all:
Jodie Zinnernam at 730  Name of Person Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ Certificate of Status	\$78.75 Filing Fee & Certified Copy Certified Copy Certified Copy

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO

(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION" "Inc.," "Co.," "Corp.," "Inc," "Co," or "Corp.")	2)
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting	business in Florida)
(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (FEI number, if app	3819
(State or country under the law of which it is incorporated) (FEI number, if app	olicable)
<u>(4/13/201/</u> 5. —	
(Date of incorporation)  (Date of duration, if other t	han perpetual)
target date 4/15/16	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	v)
8423 Lenox Avenue Jacksonville, F	L. 3000/
(Principal office address)	SE CRU
(Current mailing address, if different)	R 29
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: John Zimnerman	元の 発 発 ・ 発 ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・
ffice Address: 8423 Lenox Avenue	64.
Tacksonville, Florida 3000 (Zip code)	
Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated signated in this application, I hereby accept the appointment as registered agent and agre orther agree to comply with the provisions of all statutes relative to the proper and complet	e to act in this capaci

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
	TAL
D'	第五
Director:	7.55 F
Address:	
B. OFFICERS	5 5
President: Jodie Zimmermann	<del></del>
Jacksonville, Fl. 30001	
Jacksonville, FL. 30001	
Vice President:	
Address:	
Secretary: Jose Zimneman	
Address: 8423 Lenox Avenue 32221	
Treasurer: Jodie Zimnermann	
Address: 8423 Lenox Avenue 32221	
NOTE: If necessary, you may attach an addendum to the application listing additional officer	s and/or directors.
Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 above) affirms the	
are true and that he or she is aware that false information submitted in a document to the Depa a third degree felony as provided for in s.817.155, F.S.	runent of State constitutes
13. Jodie Zimmernann	
(Typed or printed name and capacity of person signing application)	

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Staffing With Bliss, Inc.

#### is a

### Corporation

formed or registered on 06/13/2011 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20111338850.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/11/2016 that have been posted, and by documents delivered to this office electronically through 03/16/2016 @ 08:22:02.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 03/16/2016 @ 08:22:02 in accordance with applicable law. This certificate is assigned Confirmation Number 9552071



Mayne N. Williams

Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/ click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."