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FILE 000000 1546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

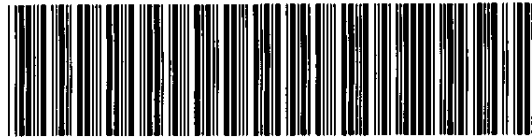
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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3458 Lakeshore Drive
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(850) 656-4724
Toll Free: 844-541-6792

DATE: 4-1-16

WALK IN

ENTITY NAME: TRU STAFFING
PARTNERS INC.

****PLEASE FILE THE ATTACHED AND RETURN:****

Plain Copy
 Certified Copy

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:****

Document Number: _____
 Certified Copy of Arts & Amendments
 Certificate of Good Standing

****APOSTILLE/NOTARIAL CERTIFICATION:****

COUNTRY OF DESTINATION _____
NUMBER OF CERTIFICATES REQUESTED _____

TOTAL AMOUNT OWED: 70⁰⁰
CHECK NUMBER: 2396

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!
Tina Goff, President

COVER LETTER

TO: Registration Section
Division of Corporations
TRU STAFFING PARTNERS INC.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
Harbor Compliance

Name of Person
Harbor Compliance

Firm/Company
48-50 W Chestnut St Ste 301

Address
Lancaster, PA 17603

City/State and Zip code
eramos@lutzandcarr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harbor Compliance 717 723-9317

Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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
- \$87.50 Filing Fee, Certificate of Status & 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 REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

TRU STAFFING PARTNERS INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. 27-1565092

(State or country under the law of which it is incorporated) (FEI number, if applicable)

12/23/2009

4. _____ 5. _____

(Date of incorporation) (Date of duration, if other than perpetual)

1/11/2016

6. _____

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

291 DEVOE STREET APT 4A, BROOKLYN, NY 11211

7. _____

(Principal office address)

291 DEVOE STREET APT 4A, BROOKLYN, NY 11211

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: REGISTERED AGENTS INC.

Office Address: 3030 N. Rocky Point Drive, STE 150A

TAMPA, Florida 33607

(City) (Zip code)

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TALLAHASSEE, FLORIDA

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Bill Havre/Secretary/Registered Agents Inc.

(Registered agent's signature)

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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

JARED COSEGLIA

Chairman: _____

60 WEST 9TH STREET

Address: _____

FOLLY BEACH, SC 29439

ANDREW BRODY

Vice Chairman: _____

291 DEVOE STREET APT 4A

Address: _____

BROOKLYN, NY 11211

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

JARED COSEGLIA

President: _____

60 WEST 9TH STREET

Address: _____

FOLLY BEACH, SC 29439

ANDREW BRODY

Vice President: _____

291 DEVOE STREET APT 4A

Address: _____

BROOKLYN, NY 11211

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ANDREW BRODY, VICE PRESIDENT

13. _____

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of TRU STAFFING PARTNERS INC. was filed on 12/23/2009, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 28th day of March
two thousand and sixteen.*

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State