(Re	equestor's Name)	**		
(Ac	ddress)			
(Ac	ddress)			
(Ci	ity/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(B	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				

Office Use Only



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III. LANGERIE

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

1110110. 030 330 1300						
ACCOUNT NO. : I2000000195						
REFERENCE : 683440 7926959						
AUTHORIZATION :						
COST LIMIT : \$ CHECK PROVIDED						
ORDER DATE: June 14, 2017						
ORDER TIME: 9:48 AM						
ORDER NO. : 683440-005						
CUSTOMER NO: 7926959						
FOREIGN FILINGS						
NAME: ALTERNATIVE WORKFORCE INCORPORATED						
XXXX QUALIFICATION (TYPE: CO)						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
XX CERTIFIED COPY PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING						
CONTACT PERSON: Melissa Zender EXT#						

EXAMINER:

COVER LETTER

TO:	FO: Registration Section Division of Corporations					
	Alternative	Workforce, Inc.				
SUBJ	ECT:	Name of corporati	on - must include suffi	X		
Dear S	Sir or Madam:					
"Certi	ficate of Existence,	n by Foreign Corporation for " or "Certificate of Good Stop corporation to transact busi	anding" and check are	ensact Business in Florida," esubmitted to register the		
Please	return all correspo	ndence concerning this mat	ter to the following:			
Lynn	Fischer					
		Name o	of Person			
Altern	ative Workforce, Inc.					
		Firm/Co	ompany			
1300 (Combermere					
		Ad	dress			
Troy,	MI 48083					
	·	City/State	and Zip code			
lfische	er@huffmaster.com					
		E-mail address: (to be use	d for future annual rep	oort notification)		
For fu	rther information c	oncerning this matter, pleas	e call:			
Lynn	Fischer	248	616-8389			
	Name of Person	at (Area C	ode Daytime T	elephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registrati Division (P.O. Box	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclo	sed is a check for the	ne following amount:				
57	0.00 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.

Alternative Wor	kforce Incorporated		
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATI	ON,"
	ble in Florida, enter alternate corporate name a		cting business in Florida)
Ohio	3.	34-1691929	
September 18, 1	y under the law of which it is incorporated)	(FEI number, it	
(Date 6/16/2017	of incorporation)	(Date of duration, if other than perpetual)	
1300 Combermen	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150)		bility)
		l office address)	, , , , , , , , , , , , , , , , , , ,
Troy, MI 48083			
	(Current mailing	address, if different)	· · · · · · · · · · · · · · · · · · ·
Name and stree	t address of Florida registered agent: (P.O. Corporation Service Company	Box <u>NOT</u> acceptable)	2017 JUN SEURED TALLAHA
Office Address:	1201 Hays St.		VIS AH 9: II ARY OF STATE ASSEE FLORID.
	Tallahassee	32301 , Florida	AH 9:
	(City)	(Zip code)	est di
aving been namesignated in this enther agree to co	ent's acceptance: ed as registered agent and to accept servic application, I hereby accept the appointm omply with the provisions of all statutes re amiliar with and accept the obligations of	ent as registered agent and a lative to the proper and com	agree to act in this capaci uplete performance of my
	M-Z		Melissa Zender Asst. Vice President
	(Begistered ag	gent'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 Raymond Huffmaster - CEO Chairman: 1300 Combermere Address: Troy, MI 48083 Vice Chairman: Address: ____ Director: _ Address: _ **B. OFFICERS** Gregory Johnson - President President: 1300 Combermere Address: Troy, MI 48083 Ryan Huffmaster - Vice President Vice President: 1300 Combermere Address: Troy, MI 48083 Secretary: Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Ryan Huffmaster - Vice President 13.

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

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ALTERNATIVE WORKFORCE, INC., an Ohio corporation, Charter No. 803159, having its principal location in Akron, County of Summit, was incorporated on September 18, 1991 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 14th day of June, A.D. 2017.

Ohio Secretary of State

Jon Hasted

Validation Number: 201716505344