# F19000014B7

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 11, 2019

DONNA BROWN 3709 LAKESIDE DR S STE D MOBILE, AL 36693

SUBJECT: ELEVATE! WORKFORCE

Ref. Number: W19000023227

We have received your document for ELEVATE! WORKFORCE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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: 619A00004851

RECEIVED

MAR 2 5 2019

Mand you. It have made the Correction.

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Elevate Wockforce Inc	
Name of corporation - must include suffix	
Dear Sir or Madam:	55 ~
The enclosed "Application by Foreign Corporation for Authorization to Transact Busine "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	70
Donna Brown	ر ا
Elevate Workforce Inc	2
3709 Laheside Dr. J Ste D	
Mobile At 36693	
City/State and Zip code  Onna Prown @ cloude will will once.  E-mail address: (to be used for future annual report) notification	
For further information concerning this matter, please call:	
Name of Person at (25) 1662-118 X	102 nber
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS Registration Section Division of Corporation Division of Corporation Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
The state of the s	.50 Filing Fee.

Certified Copy

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

COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO GISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
glevate Workforce Inc	
(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)	
<u> 47-5090356</u>	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
<u>9-13-15</u> 5 5 5	
(Date of incorporation) (Date of duration, if other than perpetual):	
03/01/19	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
26/1-D West 23rd St Panama City 12321	0
(Principal office address)	
3709 Lakeside Rr 5 SteD Nobile AL 36693	
(Current mailing address, if different)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: <u>Unthita Venklek</u> fice Address: 6300 C Pinethee Ave	
PANAMa Crty Beneh, Florida 32405	
(City) (Zip code)	
Registered agent's acceptance: ving been named as registered agent and to accept service of process for the above stated corporation at the place	
ignated in this application, I hereby accept the appointment as registered agent and garee to act in this canadia. I	
ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my ties, and I am familiar with and accept the obligations of my position as registered agent.	
(Registered agent's signature)	
The state of the s	

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 Chairman: Address: Vice Chairman: Address: Ç٦ Vice President: Secretary: Address: Treasurer; Address: pecessary, you may attach an addendum to the application listing additional officers and/or directors. MECIOENT 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.

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

John H. Merrill Secretary of State

P.O. Box 5616 Montgomery, AL 36103-5616

## State of Alabama

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Elevate! Workforce Inc was formed in Jefferson County, Alabama on September 15, 2015. The Alabama Entity Identification number for this entity is 344-814. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20190218000005096

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

02/18/2019

Date

X H. Merill

John H. Merrill

Secretary of State