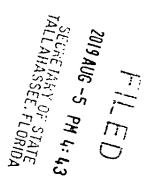
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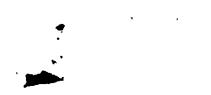


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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 23, 2019

BRETT CARMICAL 7240 W. 98TH TERRACE OVERLAND PARK, KS 66212

SUBJECT: KRUCIAL STAFFING, LLC

Ref. Number: W19000067395

We have received your document for KRUCIAL STAFFING, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORP, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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.

Yvette Scott Document Specialist II

Letter Number: 319A00015011

RECEIVED

AUG 0 5 2019

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COVER LETTER

	on Section f Corporations					
SUBJECT:	Krucial	Staff			· · · · · · · · · · · · · · · · · · ·	_
		Name of t	imited Liability	Сопрану		
The enclosed "Appl Existence, and chec	lication by Foreign Limited k are submitted to register	I Liability Comp the above refere	any for Authoriz need foreign lim	ation to Tr ited liabilit	ansact Business in Florida y company to transact bus	." Certificate of iness in Florida
Please return all cor	respondence concerning th	nis matter to the	following:			
_	Brett Ca	rmical	me of Person		70 TALL	<u>.</u>
	Krycial S				SECRETATION TALLAHAS	
_		Fir	5,LLC nn/Company		mo mo	E FD
_	7240 W.	18th Teri	Address		LORIE	ب: ئ
_	Overland bearnical E-mail add					-
			for future annua	report not	ification)	-
for further informati	on concerning this matter,	please call:				
_Bre	H Carmical Name of Contact Per		at (<u>913</u>		0-4040	
	Name of Confact Per	son	Area Code	Day	time Telephone Number	
	327			Division of Registrati Clifton Bo 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee. FL 32301	
Inclosed is a check t □ \$125.00	for the following amount: Filing Fee	Filing Fee & of Status	☐ \$155.00 Filin Certified Copy	g F ee &	☐ \$160.00 Filing Fee. C of Status & Certified Co	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

COMPANY TO TRANSACT BUSINESS	S INTHE STATE OF FLORIDA:	HE FOLLOWING IS SUBMITTED TO REGIS	STER A FOREIGN LIMITED LIABILITY
(Name of Foreign Limited	Haffing LLC Limbility Company: must include "I	Limited Liability Company," "L.L.C.," or "L.C.	*)
(It name mavailable, enter alternate name adop	ted for the purpose of transacting business	s in Florida. The alternate name must include "Limited I	ability Company " "L. L. C. Tor "LLC.")
1-	un funted hability company is organized)	• •	6
Assurance of the transfer to the first balance	an annica azoney company is organized)	(r t;1 nu	mber, (f applicable)
4. None	at this time	uvu ta reestration)	
	e sections 605,6904 & 605,0905, P.S. tol.: 	determine penalty liability)	
5. 7240 W. 98th (Street Address of Principal)	Terrace	6. 7240 W. 98 (Molling Ac	th Terrace
overland Park	KS 66212	Overland Par	K KS 66212
7. Name and street address of Flo	orida registered agent: (P.O.	Bux NOT accentable)	ZO19 AUG
	apital Corporate		ARE ALE
	East Park Aue.		-5 P
<u></u>	allahassee	, Florida <u>3230</u> (Zip co	· -m ·
Registered agent's acceptance:	(City)	(Zip co	
	d agent and to accept service	of process for the above stated limite	d liability company at the place
lesignated in this application, L	hereby accept the appointme	ent as registered agent and agree to ac-	t in this capacity. I further agree
o comply with the provisions of and accept the obligations of my	all statutes relative to the pro- position as registered agent	oper and complete performance of my	duties, and I am familiar with
, , , , , , , , , , , , , , , , , , ,	Kim Tadlah	Kim Tadlock, Asst. Sec. on behalf of Capitol Corporate Services, Inc.	
		crit*s signature)	
R. The name title or eappoint an	d addraga af tha naman(a) wh	. harden	
Title or Capacity:	Name and Address:	to has/have authority to manage is/are: <u>Title or Capacity:</u>	Name and Address:
CEO/President	Brian Cleary		
,	7240 W. 98th Tel	66212	
		_ 	
			-
Use attachments if necessary)			
•			
Translation under the law of which the translator must be submitted.	h it is organized. (If the certif	old, duly authenticated by the official hater is in a foreign language, a translated	iving custody of records in the tion of the certificate under oath
0. This document is executed in a about the De	accordance with section 605.0 partment of State constitutes:	0203 (1) (5), Florida Statutes. I am awa a third degree felony as provided for in	re that any false information s.817.155, F.S.
	B		
	Sign	attar of an authorized person	
	Brett Carmic	.a(
		ed or printed name of signee	

TIMED

STATE OF KANSAS OFFICE OF SECRETARY OF STATE SCOTT SCHWAB

1. SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 9366683

Entity Name: KRUCIAL STAFFING, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: SPENSERV, INC.

Registered Office: 9401 Indian Creek Parkway Building 40, Suite 700, OVER

PARK, KS 66210

was filed in this office on April 02, 2019, and is in good standing, having fully complicate with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of June 27, 2019

SCOTT SCHWAB SECRETARY OF STATE

Certificate ID: 1106934 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.