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| To:                        | Division of Corporations<br>Fax Number : (850)617-6383  | PH 4: 51                    |
| From:                      | Account Name : BLUMBERG/EXCELSIOR CORPORA<br>Account Number : 075350000353<br>Phone : (800)221-2972<br>Fax Number : (718)889-7420 | ATE SERVICES, INC.          |
| *Enter the em<br>annual re | ail address for this business entity to be u<br>eport mailings. Enter only one email address                                      | sed for future<br>please.** |
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## TIENE STAFFING INC.

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February 7, 2020

FLORIDA DEPARTMENT OF STATE

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: TIENE STAFFING INC.

REF: W20000012999

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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 FAX Aud. #: B20000042895 Letter Number: 420A00002828

## 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.

| 1.  | NG INC.  |   |                   |  |
|---|--|---|-------------------|--|
| "Inc.," "Co.," "Co  | progration; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")            | "COMPANY," "CORPORATION,"                   |                   |  |
| (If name unavaila   | ble in Florida, enter alternate corporate name ad                                  | opted for the purpose of transacting bus    | iness in Florida) |  |
| NEW YORK  |  | 0-2013553                                   |                   |  |
| (State or country under the law of which it is incorporated 12/9/2004 |  | (FEI number, if applica                     |                   |  |
| 4. (Date  | of incorporation)  | (Date of duration, if other than )          | perpetual)        |  |
| 6.  |  | (   | -1                |  |
|   | (Date first transacted business in I<br>(SEE SECTIONS 607.1501 & 607.150           | 2, F.S., to determine penalty liability)    | PH 4:             |  |
| 7   | 7. 140 OLD NORTHPORT ROAD, KINGS PARK, NY 11754  (Principal office street address) |   |                   |  |
|   | (1.111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1   | ,   | ı>                |  |
| 8. Name and stree   | t address of Florida registered agent: (P.O.                                       | address, if different)  Box NOT acceptable) |                   |  |
| Name:   | BlumbergExcelsior Corporate Services, Inc.   |   |                   |  |
| Name: Office Address:   | 155 Office Plaza Drive, 1st Fl.  | <del></del>                                 |                   |  |
|   | 155 Office Plaza Drive, 1st Fl.  | <br>  |                   |  |
| Name: Office Address:   | 155 Office Plaza Drive, 1st Fl.  | , Florida 32301(Zip code)                   |                   |  |

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.

|   | Name: TOBY CARLSON  Address: 140 OLD NORTHPORT ROAD  KINGS PARK, NY 11754 | ☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President | Name:Address: |  |  |  |
|---|---|--|---------------|--|--|--|
| ☐ Secretary   | □ Treasurer   | ☐ Secretary  | □Treasurer    |  |  |  |
| COther  | Other   | □Other   | ☐ Other       |  |  |  |
| □Chairman   | Name:   | □ Chairman   | Name: 22 20   |  |  |  |
| □Vice Chairman  | Address:  | ☐ Vice Chairman  | Address:      |  |  |  |
| Director  |   | Director   | B - 7         |  |  |  |
| □President  |   | □President   | بنا چ ا       |  |  |  |
| □Vice President   |   | □Vice President  | 55 <b>5 5</b> |  |  |  |
| □Secretary  | Treasurer   | ☐ Secretary  | Treasurer     |  |  |  |
| Other   | □ Other   | Other  | Other         |  |  |  |
| □Chairman   | Name:   | □ Chairman   | Name:         |  |  |  |
| □Vice Chairman  | Address:  | □Vice Chairman   | Address:      |  |  |  |
| □Director   |   | □Director  |               |  |  |  |
| □President  |   | □President   |               |  |  |  |
| □Vice President   |   | □Vice President  |               |  |  |  |
| ☐ Secretary   | ☐ Treasurer   | ☐ Secretary  | □'Treasurer   |  |  |  |
| □Other  | Other   | □Other   | Other         |  |  |  |
| Important Notice less an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the intex when filling your Florida Department of State Armual Report form.  12. X  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. |   |  |               |  |  |  |
| 13. TOBY CARLSON Pres. (Typed or printed name and capacity of person signing application)   |   |  |               |  |  |  |

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

I hereby certify, that the Certificate of Incorporation of TIENE STAFFING INC. was filed on 12/09/2004, 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. I further certify the following:

Certificate of Change was filed on 10/15/2007.

A Biennial Statement was filed 12/09/2008.

A Biennial Statement was filed 04/09/2013.

A Biennial Statement was filed 10/07/2015.

A Biennial Statement was filed 12/17/2019.

LORIDA I further certify that no other documents have been filed by such corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 05th day of February two thousand and twenty.

S

Brendan C. Hughes

Executive Deputy Secretary of State

Brandon C Styles

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