

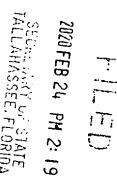
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
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Certified Copies Certificates of Status				
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COVER LETTER

Division of Corporations	·			
SUBJECT: Workforce Ancillary Management	c.			
	tion - must include suffix			
Dear Sir or Madam:				
"Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact				
Please return all correspondence concerning this Richard M. Gaal	atter to the following:			
,17				
McDowell Knight Roedder & Sledge LLC	of Person			
Fin	Company			
11 N. Water Street, Ste. 13290				
	ddress			
Mobile, Alabama 36602				
City/	te and Zip code			
rgaal@mcdowellknight.com, waynephillips@war	ervices			
E-mail address: (to be	ed for future annual report notification)			
For further information concerning this matter, p	se call:			
Richard M. Gaal or Heather G. Hornsby at (432-5300			
(Code Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPART \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	CNT OF STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy 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.

	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATION,"			
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting by	usiness in Florida)		
Delaware	3	83-2316727			
	ry under the law of which it is incorporated)	(FEI number, if applic	(FEI number, if applicable)		
October 22, 20	018				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	10 -0 T		
	(Principal of	Tice <u>street</u> address)	4 2: 1		
	(Current mail	ing address, if different)	- 5 Fig. 10		
. Name and stree	et address of Florida registered agent: (P. Corporation Service Company	O. Box NOT acceptable)			
Name:					
office Address:	1201 Hays Street				
	Tallahassee	32301 Florida			
	(City)	(Zip code)			

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.

Brian Courtney
Asst. V. Pres.

(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.

A. DIRECTORS			
□Chairman	Brian Ward Name:	□Chairman	Wayne Phillips Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	Mobile, Alabama 36608	ElDirector	Mobile, Alabama 36608
□President		□President	
□Vice President		□Vice President	
□ Secretary	□Treasurer	□ Secretary	□Treasurer
CEO ■Other		COO ■Other	Other
☐Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address:
□Director		☐Director	2:
□President		□President	19 RIF
□Vice President		□ Vice President	
□ Secretary	☐ Treasurer	☐ Secretary	☐Treasurer
□Other	Other	[]Other	□Other
□ Chairman	Name:	[IChairman	Name:
□Vice Chairman	Address:	 □ Vice Chairman	Address:
□Director	,	(211) irector	
□President		□President	
□Vice,President		□Vice President	
□Secretary	□Treasurer	□ Secretary	☐Treasurer
□Other	[]Other	□Other	[]Other
Important Notice: individuals may be	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Directors of Directors	ent of State Annual Re	d for reporting purposes only. Non-indexed report form.
The officer or direct	signature of Director of Signature of Director of Control of the Signature of Director of Control o		
she is aware that fa s.817.155, F.S.	llse information submitted in a document to the Depart		
13. Wayne Philli	ps, Chief Operating Officer		

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "WORKFORCE ANCILLARY MANAGEMENT,

INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE

AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT

HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS TERM

OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2018, AT 4:40 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN

QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY

CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 204128833

Date: 12-03-19

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