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APR 14 2000 M. SOLOMON

COVER LETTER

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TO: Registration Division of	n Section Corporations		
SUBJECT: A.	MERICAN LABOR	2 LEASING, I	vc
		on - must include suffix	
Dear Sir or Madam	:		
"Certificate of Exis	lication by Foreign Corporation for tence," or "Certificate of Good State oreign corporation to transact busin	anding" and check are subm	Business in Florida," itted to register the
	rrespondence concerning this matt		
RICHARD	GOONE Name of		
AMERICA	(p LABOR LEASING Firm/Co	F, THC	
		•	
130 BY1	TOSEE DICIVE Ad		
MAZEC	WOOD MO. 630 City/State	y and Zin code	
<u> </u>	PE. 1 eMOTOR SERV E-mail address: (to be use	d for future annual report no	otification)
For further inform	ation concerning this matter, pleas	e call:	
_			
RICHAR	Person Area C	Y 731-4111	
Name of	Person Area C	ode Daytime Teleph	one Number
Registration Division of The Centrol 2415 N. A	COURIER ADDRESS: on Section of Corporations e of Tallahassee Honroe Street, Suite 810 ee, FL 32303	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, F	ection rporations
	ck for the following amount: cayable to: FLORIDA DEPARTME Fee	NT OF STATE \$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.

		e adopted for the purpose of transacting business in Florida)	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
12/18	<u> 1981 </u>	(Date of duration, if other than perpetual)	
' (Date	of incorporation)	(Date of duration, if other than perpetual)	
4/01/2	019		
	(Date first transacted business	s in Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.	.1502, F.S., to determine penalty liability)	
130 BY	ASSEE DRIVE, HAZE		
130 B)	ASSEE DRIVE, HAZE (Principal o		
130 B)	ASSEE BRIVE, HAZE (Principal o	Mice street address)	
130 B)		Tice street address)	
130 B)		The street address) ling address, if different)	
	(Current mai	The street address) ling address, if different)	
		The street address) ling address, if different)	
	(Current mai	The street address) ling address, if different)	
Name and stre	(Current main the standards of Florida registered agent: (PRESISTERED AGENTS	The street address) ling address, if different)	
Name and stre	(Current mai	The street address) ling address, if different)	
. Name and <u>stre</u>	(Current main the standards of Florida registered agent: (PRESISTERED AGENTS	ffice street address) ling address, if different) P.O. Box NOT acceptable) True	

9. Registered agent's acceptance:

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.

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors for to six (6) totall-

A. DIRECTORS			
□Chairman	Name: RICHTARD GOODE		Name: SUSAN MAHLL
⊒Vice Chairman	Address: 130 BYLSSFE OR.	□Vice Chairman	Address: 100 BYASSEE DE
Director	175261 WOOD MO. 63042	Director	HARELWOOD MO. 63092
Dresident		President	
□Vice President		□Vice President	
□ Secretary	Treasurer	□ Secretary	P 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	
			PP CT
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	n Address:	□Vice Chairman	Address:
□Director		□Director	<u> </u>
□President		□President	
□Vice President	t	□Vice President	
□Secretary	Treasurer	Secretary	Treasurer
□Othe:	□Other	Other	Other

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 she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in

13. RICHARD GOODE PRESIDENT Susan L. May LL Sec. Treas.

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

STATE OF MISSOUR



John R. Ashcroft Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

AMERICAN LABOR LEASING, INC. 00237199

was created under the laws of this State on the 18th day of December, 1981, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 23rd day of March, 2020.

Secretary of Stale

Certification Number: CERT-03232020-0029





March 31, 2020

RICHARD GOODE AMERICAN LABOR LEASING, INC. 130 BYASSEE DR. HAZELWOOD, MO 63042

SUBJECT: AMERICAN LABOR LEASING, INC.

Ref. Number: W20000033797

We have received your document for AMERICAN LABOR LEASING, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$150.00.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon Regulatory Specialist II Supervisor

Letter Number: 520A00007017

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