

F210000001506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

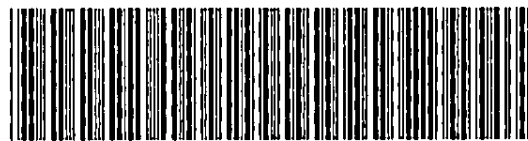
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/08/21--01050--02: 72.75

508
3/18/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMPLOYERS RESOURCE MANAGEMENT COMPANY

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JAMIE HODGES

Name of Person

VENSURE

Firm/Company

2600 W GERONIMO PLACE, SUITE 100

Address

CHANDLER, AZ 85224

City/State and Zip code

businessregistration@vensure.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie Hodges

Name of Person

at (480)

Area Code

444-1221

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

\$70.00 Filing Fee

× \$78.75 Filing Fee &
Certificate of Status

\$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.*

1. EMPLOYERS RESOURCE MANAGEMENT COMPANY
(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)
2. IDAHO 3. 54-1340867
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 04/21/2004 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 11/17/2020
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1301 S. Vista Ave., Suite 200 Boise, ID 83705
(Principal office address)
- 2600 W Geronimo Place, Suite 100, Chandler, AZ 85224
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: COGENCY GLOBAL INC.
- Office Address: 115 North Calhoun Street, Suite 4
- Tallahassee, Florida 32301
(City) (Zip code)

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.



Alan Enriquez
Assistant Secretary

(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. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____ Kara Childress

Address: _____ 2600 W Geronimo Place, Suite 100

_____ Chandler, AZ 85224

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____ J.J. Hutzenbiler

Address: _____ 2600 W Geronimo Place, Suite 100, Chandler, Arizona 85224

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____ *Kara Childress*

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. _____ Kara Childress, CFO

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



STATE OF IDAHO

Lawrence Denney | Secretary of State
Business Office
450 North 4th Street
PO Box 83720
Boise, ID 83720

January 27, 2021

Request Type: Certificate of Existence/Filing
Request #: 0004144840
Receipt #: 000438045

Issuance Date: 01/27/2021
Copies Requested: 0

Regarding: EMPLOYERS RESOURCE MANAGEMENT COMPANY

Filing Type: General Business Corporation (D)

File #: 468944

Formation/Qualification Date: 04/21/2004

Status: Active-Good Standing

Formation Locale: IDAHO

Duration Term: Perpetual

Inactive Date:

Certificate of Existence

I, Lawrence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

EMPLOYERS RESOURCE MANAGEMENT COMPANY

is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above.

A handwritten signature in black ink, appearing to read "Lawrence Denney".

Lawrence Denney
Idaho Secretary of State

Processed By: Business Division

Verification #: 010906216