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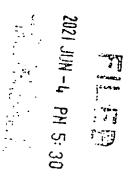
| (Address) |
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| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|---------|--|-----------------------------------|----------------------|-------|
| SHRI | ECT: FIRST STEP STAFFING, INC. | | | |
| 2019 | Name of Corporation – must include suffix | | _ | |
| Dear S | Sir or Madam: | | | |
| Affairs | nclosed "Application by Foreign Not for Profit Corporation for Authorization to Coss in Florida", "Certificate of Existence", or "Certificate of Status" and check are subset the above referenced not for profit corporation to conduct its affairs in Florida. | | | |
| Please | return all correspondence concerning this matter to the following: | | | |
| | PROCESSING DEPARTMENT | | | |
| | Name of Person | | | |
| | | | | |
| | | ~ | | |
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| | | 1 | *:52 | |
| | Address | | P | įi |
| | CALABASAS, CA 91302 | Les . | 2021 JUN -4 PM 5: 30 | ② |
| | City/State and Zip Code | -v1: | ည် | |
| | | • | _ | |
| | E-mail address: (to be used for future annual report notification) | • | | |
| For fur | rther information concerning this matter, please call: | | | |
| PROC | ESSING DEPARTMENT 877 692-6772 | | | |
| | Name of Person at () Area Code Daytime Telephone Nu | ımber | - | |
| | Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations | | | |
| | P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite Tallahassee, FL 32303 | 810 | | |
| Please | 1.0 | 50 Filing tificate tified C | of Statu | ıs & |

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

| | FIRST STEP ST | | | | |
|---|---|---|-----------------|---------------------|-------------------------|
| import in langua | ration: must include the word "INCORPORATE age as will clearly indicate that it is a corporation resent. "Company" or "Co." may not be used as | n instead of a natural person or partnershir | n if not so co | of like intained | |
| | First Step Centra | l Florida, Inc. | | | |
| (If name unava | ilable in Florida, enter alternate corporate name | adopted for the purpose of transacting bu | siness in Flo | rida) | |
| Canada | | 22.002.000 | | | |
| Georgia (State or cour | 3. atry under the law of which it is incorporated) | 20-8038859 (FEI number if nonlingbla | | | |
| 10/16/2006 | my bluer the law of which it is incorporated) | (r Er number, it applicable | , | | |
| · (E | Date of Incorporation) 5. | (Date of duration, if other than | perpetual) | | |
| | • , | • | , | | |
| (Date first cond | ucted affairs in Florida if prior to registration. See . | sections 617.1501 & 617.1502, F.S. to dete | rmine penalty | v liabilit | v.) |
| | | | | | |
| · | venue NE, Suite 203, Atlanta, GA 30303 US (Principal offic | ce street address) | | | |
| | | | | | |
| | (Current mailing | address, if different) | | | |
| | (************************************** | , , | | | |
| Temporary St | affing | | | 207 | |
| (Purpose(s) of | affing corporation authorized in home state or country | to be carried out in the state of Florida) | <u> </u> | <u></u> | ٠٠٠٠ |
| Managara and sta | | Day NOT | | | |
| warne and str | <u>uet address</u> of Florida registered agent: (P.O | Box NOT acceptable) | | <u>_</u> | - ئالى د |
| Name: | Eric Clayton | | 77.7 | 202 JUN-4 PM 5: 30 | 3 |
| office Address | Eric Clayton 808 West Central Blvd Orlando (City) | | - ;:n ;:1, | ഷ | ين) ود در اود ساه |
| Mice Madress. | Orlando | 72805 | <u> </u> | ယ | |
| | (City) | , Florida (Zip Code) | - ' ' ' ' ' ' ' | 0 | |
| | • | , | | | |
| laving been na lesignated in th urther agree to | agent's acceptance: med as registered agent and to accept serv is application, I hereby accept the appoints comply with the provisions of all statutes is ar with and accept the obligations of my pe | ment as registered agent and agree to relative to the proper and complete pe | act in this | capaci | 'n. |
| | (Registered | <u></u> | **** | | |
| | (Registered a | agent's signature) | | | |

11. 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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

| A. DIRECTOR | RS | | | | | |
|------------------|---|--|----------------|----------------|--|----------------|
| □Chairman | Name: Matt Miller | _ Chairman | Name: | | | |
| □ Vice Chairman | Address: | □ Vice Chairman | Address: | | | |
| ■Director | Atlanta, GA 30303 | Director | | _ _ | | |
| President | | _ □Presideπt | | | | |
| ☐Vice President | | _ □ Vice President | | | . | _ |
| □Secretary | Treasurer | ☐ Secretary | | Treasurer | | |
| □ Other: | Other: | Other: | | Other: | | _ |
| □Chairman | Name: | _ Chairman | Name: | <u> </u> | | |
| □Vice Chairman | Address: 236 Auburn Ave | _ □ Vice Chairman | Address: | | | |
| ■Director | Atlanta, GA 30303 | □Director | | | <u>. </u> | |
| President | | President | | | | |
| □Vice President | | _ □ Vice President | | | | _ |
| Secretary | ☐Treasurer | ☐ Secretary | | Treasurer | | |
| □Other: | Other: | Other: | | □Other: | 202 | |
| | | | | 1, | JUN -1 | |
| □ Chairman | Name: | | | <u> </u> | F P | |
| □Vice Chairman | Address: | _ □ Vice Chairman | Address: | 1,111 | <u>₽</u> .5 | |
| Director | | Director | | | 30 | _ _ |
| □President | | _ President | | | | |
| □Vice President | | □ Vice President | | | | |
| □Secretary | □Treasurer | □Secretary | | Treasurer | | |
| □Other: | Other: | Other: | <u>-</u> | Other: | | |
| Non-indexed indi | at Notice: Use an attachment to report more viduals may be added to the index when filing the state of Chairman, Vice Chairman, or terson, Director | ng your Florida Department of any officer listed in number | of State Annua | l Report form. | oses on | ly. |
| | (Typed or printed name and capaci | ty of person signing applicat | ion) | | | |

Control Number: 0691242

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

FIRST STEP STAFFING, INC.

a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number 20977331
Date Inc/Auth/Filed 10/16/2006
Jurisdiction: Georgia
Print Date: 206/02/2021
Form Number 211



Brad Raffensperger

Brad Raffensperger Secretary of State