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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: K & S Staffing,	lnc.		
·		must include suffix	· · · · · · · · · · · · · · · · · · ·
Dear Sir or Madam:			
The enclosed "Application by Foreign Cor "Certificate of Existence," or "Certificate of above referenced foreign corporation to tra	of Good Stand	ing" and check are sub-	et Business in Florida." mitted to register the
Please return all correspondence concerning	g this matter t	o the following:	
Heather orr			
	Name of Pe	erson	
HSO Law			
	Firm/Comp	anv	
19250 Green Acres Ln	ŗ		
***************************************	Addres	×	<u> </u>
Redding, California 960	02		
	City/State and	l Zip code	
heather.orr@hsolaw.com			
	(to be used for	r future annual report n	otification)
For further information concerning this ma	iter, please cal	1:	
Heather Orr	, 424	, 234-9409	
Name of Person	Area Code	Daytime Teleph	ione Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING AI Registration Sc Division of Co P.O. Box 6327 Tallahassee, Fi	ection rporations
Inclosed is a check for the following amous Please make check payable to: FLORIDA DEP \$70.00 Filing Fee	PARTMENT OF	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

	able in Florida, enter alternate corporate name ad			
(State or count	ay under the law of which it is incorporated)	(FEI number, if ann	licable)	
1.16.201	1 <i>-</i> C			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)	Torida, if prior to registration) 2. F.S., to determine penalty liability	·	
2815 Bed	chelli Ln, Redding, CA 960	002	,	
- 7	(Principal office			
	(Current mailing a	address, if different)		
Name and stree	at address of Florida registered agent: (P.O. I	Roy MOT appointable)		
Name:	Registered Agents Inc.	лох <u>гчент</u> ассервание)		
fice Address:	7901 4th St N STE 300			
	St. Petersburg	Starida 33702	2	
neo . vadross,		(Zip code)		
noo . vaaress,	(City)			
Registered age	nt's acceptance: ed as registered agent and to accept service.	of process for the above stated c	orporation at The place	
Registered age wing been nam signated in this ther agree to co	nt's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmen amply with the provisions of all statutes rela	it as registered agent and agree . tive to the proper and complete :	to act in this canacini	
Registered age wing been nam signated in this other agree to co	nt's acceptance: ed as registered agent and to accept service.	it as registered agent and agree . tive to the proper and complete :	to act in this canacin	
Registered age aving been namesignated in this orther agree to co	nt's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmen amply with the provisions of all statutes rela	it as registered agent and agree . tive to the proper and complete :	to act in this canaci	

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 faw of which it is incorporated.

A. DIRECTORS			
□Chairman	Name: Eric Stewart	∐Chairman	Name: Kari Stewart
□Vice Chairman	Address: 5001 S McCarran Blvd	□Vice Chairman	Address: 6210 Gold Hills Ct
□ Director	Reno, NV, 89502	Director	Redding, CA 96003
IN President			
		i President	,
		□Vice President	
☐ Secretary	Ti Trensurer	☐ Secretary	© Treasurer
L'Other	1 JOther	∏Other	[Other
□Chairman	Name: Kari Stewart	□Chairman	Name:
□Vice Chairman	Address: 6210 Gold Hills Ct	□Vice Chairman	Address:
□ Director	Redding, CA 96003	□Director	
⊡President		□President	
□Vice President		□Vice President	
	□Treasurer	☐ Secretary	□ Treasurer
□Other	□ Other	⊡Other	□Other
□Chai n nan	Name:	□Chairman	Name:
	Address:		Address:
□Director		□ Director	Addition .
LJPresident		[]President	
□Vice President			
- Secretary	☐Treasurer	□Vice President	
•		☐ Secretary	□ Treasurer
DOther	. TOther	□Other	ClOther
mportant Notice: U ndividuals may be-o	se an attechment to report more than six (6). The atta added to the index when filing your Florida Departm	achment will be imaged ent of State Annual Rep	for reporting purposes only. Non-indexed port form,
12.		_	
Chanti Gross assistance	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 8.817.155, F.S.

Eric Stewart, President



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:

K & S STAFFING SOLUTIONS, INC.

File Number:

C3746835 01/16/2015

Registration Date: Entity Type:

DOMESTIC STOCK CORPORATION

Jurisdiction:

CALIFORNIA

Status:

ACTIVE (GOOD STANDING)

As of June 6, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 7, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: Y8AG84Y

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.