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Division of Corporations

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Florida Department of State
Division of Corporations
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FOREIGN PROFIT/NONPROFIT CORPORATION QPS EMPLOYMENT GROUP, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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Corporate Filing Menu

S. FRANKLIN
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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. QPS EMPLOYMENT GROUP, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wisconsin

(State or country under the law of which it is incorporated)

3. 39-1527048

(FEI number, if applicable)

4. 08/23/1985

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. 04/11/2022

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 250 N. Patrick Blvd, Ste 185

(Principal office street address)

Brookfield, WI 53045

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C.T. Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

FL

33324

(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.

C.T. Corporation System

By: _____

(Registered agent's signature)

Denise Bell

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 [up to six (6) total]:

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A. DIRECTORS

☐ Chairman Name: Daniel McNulty
☐ Vice Chairman Address: 250 N. Patrick Blvd, Ste. 185
 Brookfield, WI 53045
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other

☒ Chairman Name: Scott Mayer
☐ Vice Chairman Address: 250 N. Patrick Blvd, Ste. 185
 Brookfield, WI 53045
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other

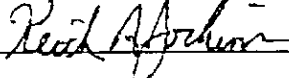
☐ Chairman Name: Keith Joehims
☐ Vice Chairman Address: 250 N. Patrick Blvd, Ste. 185
 Brookfield, WI 53045
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☒ Other CFO ☐ Other

☐ Chairman Name: Ryan Festerling
☐ Vice Chairman Address: 250 N. Patrick Blvd, Ste. 185
 Brookfield, WI 53045
☐ Director
☒ President
☐ Vice President
☐ Secretary ☐ Treasurer
☒ Other COO ☐ Other

☐ Chairman Name:
☐ Vice Chairman Address:
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name:
☐ Vice Chairman Address:
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.  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. Keith A. Joehims, CFO
 (Typed or printed name and capacity of person signing application)

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United States of America
State of Wisconsin
DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Michelle Y. Knuese, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

QPS EMPLOYMENT GROUP, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is August 23, 1985.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.0214 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on April 21, 2022.

A handwritten signature in black ink, appearing to read "Michelle Y. Knuese".

MICHELLE Y. KNUESE, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

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DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: 329458-60F55631