F23000000012

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
special instructions to Filling Officer.				





400393323134

2079 DEC 21 FILL: 02

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date: 12/16/2022

D	ate:	12/16/2022	$\frac{1}{2}$ $\alpha:C>W$
		Acc#I2016000007	2
Name:	Automatio	n and Control Strateg	ies Group, Inc.
Document #:			
Order #:	14685012		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good			
Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing:	Certified Plain: COGS:	d: 🗸	Email Address for Annual Report Notification
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount	1:\$ 78.75 Thank youl	

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Automation and Control Strategies Group, Ir	nc.				
Name of corporation - must include suffix					
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation for a "Certificate of Existence," or "Certificate of Good Standabove referenced foreign corporation to transact business	ding" and check are submitted to register the				
Please return all correspondence concerning this matter	to the following:				
Kasey Nelson					
Name of I	Person				
Automation and Control Strategies Group, Inc. DBA ACS Pr	rofessional Staffing				
Firm/Com	pany				
5753 Hwy 85 N #3304					
Addre	ess				
Crestview, FL 32536					
City/State at	nd Zip code				
kaseyn@aesprostaffing.com					
E-mail address: (to be used f	or future annual report notification)				
For further information concerning this matter, please c	all:				
Kasey Nelson at (334-5148				
Name of Person Area Code	Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT \$70,00 Filing Fee \$\sum \text{S78.75 Filing Fee & Certificate of Status}\$	OF STATE 1 \$78.75 Filing Fee & Certified Copy Certified Copy 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.

ACS Profession	al Staffing				
(If name unavaila	ble in Florida, enter alternate corporate name ac	lopted for th	ne purpose of transacting l	business in Florida)	
Washington	Washington		91-2109707		
(State or country	y under the law of which it is incorporated)		(FEI number, if appli	icable)	
	5				
(Date	of incorporation) 5.	(Date of duration, if other than perpetual)			
1/1/2023					
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150)	
5753 Hwy 85 N #	3304. Crestview. FL 32536				
	(Principal office	: street addr	ress)		
1005 W 8th St V	ancouver, WA 98660				
	(Current mailing	address, if o	different)		
				3922 DE C	
Name and stree	t address of Florida registered agent: (P.O.	Box NOT	_acceptable)	P	
Name:	C T Corporation System				
ffice Address:	1200 South Pine Island Road				
office Address.	Plantation	FL.	33324	r::11:02	
	(City)		(Zip code)		
				· corporation at t	

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]:

(Registered agent's signature)

A. DIRECTORS							
□Chairman	Sara Summers Name:	□Chairman	Name: John C. Alt				
□Vice Chairman	Address:	□Vice Chairman	Address: 2873 Laredo Way				
□Director	Vancouver, WA 98660	□Director	Casper, WY 82609				
President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□Secretary	□Treasurer				
□Other	□Other	☑Other _CEO	Other				
□Chairman □Vice Chairman □Director □President ⊡Vice President □Secretary	Name: 2873 Laredo Way Address: Casper, WY 82609	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary	Name:Address:				
□Other	□Other	☐Other	Other				
□Director □President	Name:	□ Chairman □ Vice Chairman □ Director □ President					
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other	□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. Sara Summers President							
13.	(Typed or printed name and capacity of person signing application)						





Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

AUTOMATION AND CONTROL STRATEGIES GROUP, INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 05/16/2001.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 12/16/2022

UBI Number:

602 121 233



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

the R Hohlie

Steve R. Hobbs, Secretary of State

Date Issued: 12/16/2022