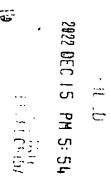
(Requestor's Name)				
(Address)				
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	(City/State/Zip/Phone #)			
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JAN 05 2023

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: eEmployers Solutions II, Inc.		
	ion - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation f "Certificate of Existence," or "Certificate of Good S above referenced foreign corporation to transact bus	tanding" and check are submitted to register the	
Please return all correspondence concerning this mat	ter to the following:	
Gordon M. Berger		
Name	of Person	
FisherBroyles LLP		
Firm/C	ompany	
6350 Lake Oconee Pkwy, Suite 110-146		
Λd	dress	
Greensboro, GA 30642		
City/State	and Zip code	
gordon.berger@fisherbroyles.com		
E-mail address: (to be use	d for future annual report notification)	
For further information concerning this matter, please	e call:	
Gordon M. Berger at (470	412-0303	
Name of Person Area Co		
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 DEPARTMEN \$70.00 Filing Fee	TT OF STATE □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy 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. eEmployers So					
(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATED," Corp.," "Inc.," "Co.," or "Corp.")	"COMPANY," "CORPORATI	ON,"		
(If name unavai	lable in Florida, enter alternate corporate name a	dopted for the purpose of transact	ting business in F	lorida)	
Texas		45-4197909			
(State or country under the law of which it is incorporated) 01/10/2012		(FEI number, if applicable)			
· ———	c of incorporation) 5	(Date of duration, if other than perpetual)			
10/3/2022		· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,		
	(Date first transacted business in 1 (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2, F.S., to determine penalty liab	ility)		
12211 Huebner I	Road, San Antonio, TX 78230-1207				
	(Principal office	street address)			
	(Current mailing	address. if different)			
. Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)			
Name:	Corporate Creations Network Inc.		23		
ffice Address:	801 US Highway I	_	ت	2022 (
	North Palm Beach	Florida		DEC.	
	(City)	(Zip code)		H4 51	וריים
Registered age	ent's acceptance:		•	70	Ċ
aving been nam	ed as registered agent and to accent service	of process for the above state	d corporation	cm	
rther agree to co	application, I hereby accept the appointment comply with the provisions of all statutes relations of my positions of my positions.	nt as registered agent and agi	raa to oat in thi		
		· · · · · · · · · · · · · · · · · · ·			
-					

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.

A. DIRECTORS				
Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address: 12211 Huebner Road	□Vice Chairman	Address: 12211 Huebner Road	
□Director	San Antonio, TX 78230-1207	Director	San Antonio, TX 78230-1207	
□President		□ President		
□Vice President		□Vice President		
☐ Secretary	Treasurer	☐ Secretary	☐Treasurer	
□Other	□ Other	□Other	□Other	
□ Chairman	Name:	□ Chairman	Steven Hookstra	
□Vice Chairman	Address: 12211 Huebner Road	□Vice Chairman	Address: 12211 Huebner Road	
■Director	San Antonio, TX 78230-1207	Director	San Antonio, TX 78230-1207	
□President		□President		
☐ Vice President		□Vice President		
Secretary	□Treasurer	☐ Secretary	□Treasurer	
□ Other	Other	□Other	Other	
□Chairman	John Ykema Name:	□ Chairman	Name:	
□Vice Chairman	12211 Muchaer Bood	□Vice Chairman	12211 Hughner Bond	
Director	San Antonio, TX 78230-1207	Director	Address: San Antonio, TX 78230-1207	
□President		☐ President		
□Vice President		□Vice President		
☐Secretary	□Treasurer	□ Secretary	□Treasurer	
Other	Other	□Other	Other	
12.	se an attachment to report more than six (6). The added to the index when filing your Florida Departing of Signature of Director Signing this document (and who is listed in pur	or or Officer	ort form,	

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. Jenny Smith, Secretary

Corporations Section P.O.Box 13697 *Austin, Texas 78711-3697



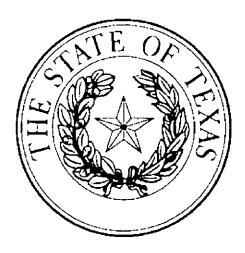
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for elimployers Solutions II, Inc. (file number 801532764), a Domestic For-Profit Corporation, was filed in this office on January 10, 2012.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 02, 2022.



Phone; (512) 463-5555

Prepared by: SOS-WEB

John B. Scott Secretary of State

Dial: 7-1-1 for Relay Services

Document: 1202708040003

Fax: (512) 463-5709 TID: 10264