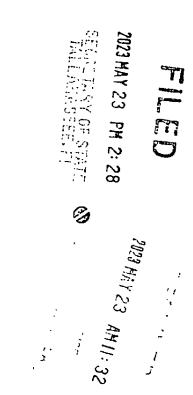
F23000003044

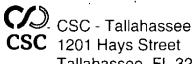
	-		
	(Requestor	's Name)	
	(Address)		•
	(Address)		
	(City/State	Zip/Phone #)	
		,	
PICK-UP		WAIT	MAIL
	(Business (Entity Name)	
	(Document	Number)	
Certified Copies	_	Certificates of	Status
Special Instructions to	Filing Offic	er:	

Office Use Only



800408987798





Tallahassee, FL 32301-2607 850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext:

Date: 05/23/23 Order #: 1216626-1

Re: Tower Legal Staffing, Inc. Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.0 - FL State Account Number:

120000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

	tration Section ion of Corporations			
	Tower Legal Staffing, Inc.			
SOBILCT.		of corporation	- must include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to t	of Good Stan	ding" and check are sub-	et Business in Florida." mitted to register the
Please return :	all correspondence concern	ing this matter	to the following:	
Darryl DeMag			Č	
	·	Name of I	Person	
Tower Legal S	taffing. Inc.			
		Firm/Com	pany	
250 Park Ave,	Suite 2030			
		Addre	SS	
New York, NY	10177			
	<u> </u>	City/State ar	nd Zip code	
ddemag@towe	rls.com			
	E-mail address	s: (to be used f	or future annual report n	otification)
For further int	ormation concerning this m	natter, please c	all:	
Darryl DeMag		at (212	Daytime Telephone Number	
Name	e of Person	Area Code	Daytime Teleph	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amorek payable to: FLORIDA DI ng Fee \$78.75 Filin Certificate (EPARTMENT g Fee & □	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.

"Inc.," "Co.," "C	orporation; must include "INCORPORATED." orp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavail-	ible in Florida, enter alternate corporate name a	idopted for the purpose of transacting business in Florida)	
New York	3.	26-0230168	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
05/18/2007	5		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
January 1, 2023			
5	(Date first transacted business in (SEE SECTIONS 607 1501 & 607 15	Florida, if prior to registration) 02. F.S., to determine penalty liability)	
250 Park Ave. Su	ite 2030, New York, NY 10177	2.11.5% to determine penanty marring r	
	<u> </u>	e street address)	
	(*		
	(Current mailing		
		anaress it atterenti	
	(Curen nami	g address, it different)	
Name and stree			
	t address of Florida registered agent: (P.O	. Box NOT acceptable)	
Name and street	t address of Florida registered agent: (P.O Corporation Service Company	. Box NOT acceptable)	
Name:	t address of Florida registered agent: (P.O	. Box NOT acceptable)	
Name:	t address of Florida registered agent: (P.O Corporation Service Company 1201 Hays Street	. Box NOT acceptable)	
Name:	t address of Florida registered agent: (P.O Corporation Service Company 1201 Hays Street	. Box NOT acceptable)	
Name: ffice Address:	t address of Florida registered agent: (P.O Corporation Service Company 1201 Hays Street Tallahassee (City)	. Box <u>NOT</u> acceptable)	
Name: ffice Address:	t address of Florida registered agent: (P.O Corporation Service Company 1201 Hays Street Tallahassee (City)	. Box NOT acceptable)	
Name: ffice Address: Registered age aving been nam	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: ed as registered agent and to accept service	. Box NOT acceptable)	
Name: ffice Address: Registered age aving been namesignated in this rther agree to contact the second cont	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmentally with the provisions of all statutes re	Box NOT acceptable) 2023 MAY 23 Florida 32301 (Zip code) The of process for the above stated corporation at the cent as registered agent and agree to act in this calculative to the proper and complete performance of m	
Name: ffice Address: Registered age laving been namesignated in this arther agree to contact.	Corporation Service Company 120) Hays Street Tallahassee (City) ent's acceptance: ed as registered agent and to accept servic application, I hereby accept the appointm	Box NOT acceptable) 2023 MAY 23 Florida 32301 (Zip code) The of process for the above stated corporation at the cent as registered agent and agree to act in this calculative to the proper and complete performance of m	
Name: ffice Address: Registered age aving been namesignated in this arther agree to coul I am familiar	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: ed as registered agent and to accept servic application, I hereby accept the appointm omply with the provisions of all statutes re with and accept the obligations of my pos	Box NOT acceptable) Plant and agree to act in this capalition as registered agent.	
Name: Office Address: Registered age taving been names in this arther agree to condition of the cond I am familiar	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: ed as registered agent and to accept servic application, I hereby accept the appointm omply with the provisions of all statutes re with and accept the obligations of my pos	Box NOT acceptable) 2023 MAY 23 Florida 32301 (Zip code) The of process for the above stated corporation at the cent as registered agent and agree to act in this calculative to the proper and complete performance of m	

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	Leslie Finell Name:	□ Chairman	Name: Theodore Theodoropoulos			
□Vice Chairman	Address: 250 Park Ave, Suite 2030	□Vice Chairman	Address: 250 Park Ave, Suite 2030			
□Director	New York, NY 10177	Director	New York, NY 10177			
■President		□President				
□Vice President		□Vice President				
☐ Secretary	■ Treasurer	■ Secretary	■ Treasurer			
Other CEO	□Other	Other	□Other			
□Chairman	Name;	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□ Director		Director				
□President		□President				
□Vice President		□Vice President				
□ Secretary	□Treasurer	□ Secretary	□Treasurer			
□Other	□Other	□Other	□Other			
□Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□ Vice President				
□Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	Other	□Other	□Other			
individuals may be Theodore 7	Use an attachment to report more than six (6). The added to the index when filing your Florida Depress (4) 17 (4)	artment of State Annual Re	f for reporting purposes only. Non-indexed port form.			
Signature of Director or Officer						
The officer or direction is aware that fa	ctor signing this document (and who is listed in n ilse information submitted in a document to the U	umber 11 above) affirms the Department of State constitu	at the facts stated herein are true and that he of tes a third degree felony as provided for in			

13. Theodore Theodoropoulos, CFO/Treasurer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: TOWER LEGAL STAFFING, INC.

DOS ID Number: 3519436

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 05/18/2007

Statement Status: CURRENT
Statement Due Date: 05/31/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on May 23, 2023 at 10:00 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Higher

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100003558120 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov