

F23000005560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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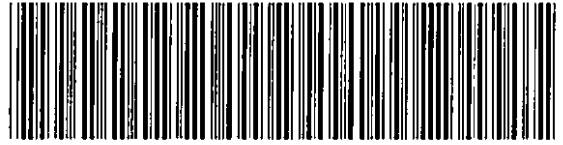
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SEP 28 2023  
K. Brumley

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRICE WORKFORCE SOLUTIONS INC  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ASEEM ANAND

Name of Person

TRICE WORKFORCE SOLUTIONS INC

Firm/Company

2021 GUADALUPE STREET, SUITE-260

Address

AUSTIN, TEXAS 78705.

City/State and Zip code

COMPLIANCE@TRICEHEALTHCARE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KHUSHBU RANKA at ( ) 905-232-2302  
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 OF STATE**

☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 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.

1. PRICE WORKFORCE SOLUTIONS INC

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

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

2. TEXAS 3. 36-4959421  
State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/07/2020 5.   
(Date of incorporation) (Date of duration, if other than perpetual)

6. 07/17/2023  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

2021 GUADALUPE STREET, SUITE-260, AUSTIN, TX.78705  
(Principal office street address)

2021 GUADALUPE STREET, SUITE-260, AUSTIN, TX.78705  
(Current mailing address, if different)

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

Name: INCORP SERVICES INC  
Office Address: 3458 LAKESHORE DRIVE  
TALLAHASSEE, Florida 32312  
(City) (Zip code)

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COURT

8. 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.*

See Attached  
(Registered agent's signature)

9. 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.

For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: ASEEM ANAND  
Vice Chairman Address: 2021 GUADALUPE STREET,  
☒ Director SUITE-260, AUSTIN, TX. 78705  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ 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 \_\_\_\_\_

☐ 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 \_\_\_\_\_

☐ 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.

2 Assem Anand  
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 § 17.155, F.S.

ASEEM ANAND ( DIRECTOR )  
(Typed or printed name and capacity of person signing application)



3773 Howard Hughes Parkway Suite 500S  
Las Vegas, NV 89169-6014

Phone 702.866.2500  
Toll-Free 800.2.INCORP (1-800-246-2677)  
Fax 702.866.2689

[www.incorp.com](http://www.incorp.com)

08/09/2023

**Corporations Division**  
Florida Department of State  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

To Whom It May Concern:

InCorp Services, Inc., an authorized Corporate Registered Agent in Florida, whose office  
is located at


3458 Lakeshore Drive, Tallahassee, FL 32312  
herein consents to act as Registered Agent for

Trice Workforce Solutions Inc

Having been named as registered agent and to accept service of process for the above  
stated corporation at the place designated in this certificate, 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 relating to the proper and complete  
performance of my duties, and I am familiar with and accept the obligations of my  
position as registered agent as provided for in Chapter 605, F.S.

If you have any questions, please contact me at (800) 246-2677 from 8:00 a.m. to 5:00  
p.m. PST.

Sincerely,

  
Louise Breytenbach on behalf of InCorp Services, Inc.



## 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 TRICE WORKFORCE SOLUTIONS INC (file number 803511104), a Domestic For-Profit Corporation, was filed in this office on January 07, 2020.

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 June 08, 2023.



A handwritten signature in cursive script that reads "Jane Nelson".

Jane Nelson  
Secretary of State