From: David Thomas

6/14/24, 11:31 AM

Division of Corporations

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To:

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Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA0000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

tifinter the email address for this business entity to be used for future - annual report mailings. Enter only one email address please.**

info@mstaffinginc.com Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

Mondragon Staffing, Inc.

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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.

(If name unavai	lable in Fiorida, enter alternate corporate name	adopted for the purpose of transacting business in Florida	1)
Alabama, USA	3.	99-2997908	
		(FEI number, if applicable) perpetual	_
(Date	5. c of incorporation)	(Date of duration, if other than perpetual)	
8469 Highway 4	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.157, Shelby, AL 35143	t Florida, if prior to registration) 02, F.S., to determine penalty liability)	_
same	(Principal offi	ce <u>street</u> address)	
	(Current mailin	g address, if different)	-
Name and stree	(Current mailin et address of Florida registered agent: (P.C CT Corporation System		11015 5707
Name:	et address of Florida registered agent: (P.C		11 1100 6707
Name:	et address of Florida registered agent: (P.C.CT Corporation System 1200 South Pine Island Road	. Box <u>NOT</u> acceptable)	2 Hd
	et address of Florida registered agent: (P.C.CT Corporation System 1200 South Pine Island Road		PH 2: 2
Name: ffice Address: Registered age aving heen nam signated in this orther agree to co	CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment of the provisions of all statutes re	Box NOT acceptable) , Florida , Florida (Zip code) e of process for the above stated corporation at the ent as registered agent and agree to act in this cape lative to the proper and complete performance of a constant.	PH 2: 26
Name: ffice Address: Registered agenving heen namesignated in this rather agree to contact.	et address of Florida registered agent: (P.C. CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment	Box NOT acceptable) , Florida 33324, Florida (Zip code) e of process for the above stated corporation at the ent as registered agent and agree to act in this cape lative to the proper and complete performance of nition as registered agent.	PH 2: 26

^{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.

To:

A. DIRECTORS Antonio Mondragon Diana Cordova **⊠**Chairman Chairman 8469 Highway 47, Shelby, AL 35 8469 Highway 47, Shelby, AL 35 □Vice Chairman Address: _ ☐Vice Chairman Address: _ Director E Director 🖪 President □President □Vice President ■ Vice President □ Secretary □Treasurer Secretary 2 ☐Treasurer Other____ Other ____ □Other _____ Other □ Chairman Name: □ Chairman □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: _____ Address: ☐ Vice Chairman Director Director □ President ☐ President □Vice President __ ☐Vice President ☐ Secretary ☐ Treasurer □ Secretary ☐Treasure: □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 filther than the property 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. Antonio Mondragon (Typed or printed name and capacity of person signing application)

Wes Allen Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Wes Allen, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Mondragon Staffing, Inc. was formed in Alabama on April 22, 2024. The Alabama Entity Identification number for this entity is 001-132-538. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20240613000010388

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

06/13/2024

Date

War Och

Wes Allen

Secretary of State