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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (Document Part MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: Office Use Only		
(Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor:	s Name)
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COVER LETTER

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TO: Registration Section Division of Corporations

SUBJECT: Puttshack Payroll Services, 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:

Corporate Paralegal

-

	Name of	Person	
Pedersen & Houpt			
	Firm/Co	npany	
161 N. Clark St., Suite 2700			
<u> </u>	Add	ress	
Chicago, Illinois 60601			
	City/State	and Zip code	
corporatemaintenance@peders	enhoupt.com	•	
E	-mail address: (to be used	for future annual report no	otification)
For further information conc Danelia Marquez	-	call:) <u>261-2562</u>	
Name of Person	at (Area Co) de	one Number
STREET/COURIE Registration Section Division of Corpora The Centre of Tallal 2415 N. Monroe Str Tallahassee, FL 32	tions nassee eet, Suite 810	MAILING AI Registration Sc Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
Enclosed is a check for the f Please make check payable to: \$70.00 Filing Fee	FLORIDA DEPARTMEN	T OF STATE S78.75 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.

(Enter name of c	ack Payroll Services, Inc. orporation; must include "INCORPORATE orp." "Inc," "Co," or "Corp.")	D," "COMPA	NY," "CORPORATION,"	<u> </u>
inc., Co., C	orp. me, co, or corp.)			
(If name unavaila	able in Florida, enter alternate corporate nan	ne adopted for	he purpose of transacting bus	iness in Florida)
2. Delaw	are	3		
(State or countr	are y under the law of which it is incorporated)		(FEI number, if applical	ble)
412/2/2	020	5.		
	of incorporation)	(D	ate of duration, if other than p	perpetual)
6.	Jamuary 302 2023	October 1	3, 2022	
	(Date first transacted busines: (SEE SECTIONS 607.1501 & 607	s in Florida, if j	prior to registration)	
7. 303 W F	Erie Street, Suite 600, Chicago, Illino	ois 60654		
_		office street ad		
	(Current mai	iling address, if	different)	
8. Name and stree	<u>et address</u> of Florida registered agent: (F	P.O. Box <u>NO</u>	<u>Γ</u> acceptable)	2014 SEL
Name:	Cogency Global, Inc.			
Office Address:	115 North Calhoun Street, Ste	4		
	Tallahassee	, Flor	ida <u>32301</u>	
	(City)		(Zip code)	0

9. 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.

(Registered agent's signature)

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

□Chaiπnan	Name:	Chairman	Name: <u>David Diamond</u>
□Vice Chairman	Address	□Vice Chairman	Address: <u>303 W. Erie Street, Ste 600</u>
Director		Director	Chicago, Illinois 6054
President		President	
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	Treasurer
□Other	Other	DOther	Other
□ Chairman	Name: Logan Powell	Chairman	Name:
□Vice Chairman	Address: 303 W. Erie Street, Ste 600	□Vice Chairman	Address:
Director	Chicago, Illinois 60654	Director	
President		President	
□Vice President		□Vice President	
Secretary	Treasurer		Treasurer
DOther	[]Other	Other	Other
□Chaiπnan	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	<u> </u>
President		President	
□Vice President		□Vice President	
Secretary		Secretary	Treasurer
Other	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.

David Diamond, Secretary 13. ____



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PUTTSHACK PAYROLL SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF JULY, A.D. 2024.



Jeffrey W. Bullech, Secretary of State

Authentication: 203868845

Date: 07-08-24

Page 1

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SR# 20241749714 You may verify this certificate online at corp.delaware.gov/authver.shtml