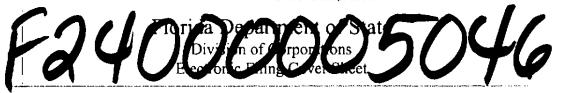
9/23/24, 2:39 PM

Division of Corporations



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(((H240003236163)))



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To:

Division of Corporations

fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 : (514)573-3996 Fax Number

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

Email Address: HBrooklyn@wagnerstaffing.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Wagner Service Solutions, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

To:

From: David Thomas

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. Wagner Service Solutions, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Wagner Staffing (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Georgia 04-3792541 (State or country under the law of which it is incorporated) (FEI number, if applicable) 05/10/2004 (Date of duration, if other than perpetual) (Date of incorporation) 09/16/2024 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8386 Hazelbrand Rd, Covington, GA 30014 (Principal office street address) PO Box 1556, Covington, GA 30015 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation 33324 (City) (Zip code) 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. Denise Bell - Asst. Secretary (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.

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

From: David Thomas

A. DIRECTORS	;		
□ Chairman	Name:	□ Chairman	Name: Stacy Hutcheson
□Vice Chairman	Address: 2135 Church Street	□Vice Chairman	Address: 380 Nickłaus Circle
☐ Director	Covington, GA 30014	□Director	Social Circle, GA 30025
President		□President	
□Vice President		□Vice President	
Secretary	□ Treasurer	□Secretary	[] Treasurer
□Other		☑Other	Other
□ Chairman	Name: Heather Brooklyn	[[Chuiman	Nama
□Vice Chairman	8386 Hazelbrand Rd Address:		Name:
Director	Covington, GA 30014	□ Director	Address:
□President		□President	
		□Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
□Oth er		Other	
****			LICENSE .
□Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:		Address:
Director		□Director	
☐President		☐ President	
□Vice President		□ Vice President	
Secretary	☐ Treasurer	☐ Secretary	□Treasurer
□Other	□Other	Other	
12.		rtment of State Annual Reputer	ort form
she is aware that fals s.817.155, F.S.	or signing this document (and who is listed in nu- ie information submitted in a document to the De	mber 11 above) affirms that epartment of State constitute	the facts stated herein are true and that he or s a third degree felony as provided for in
13 Heather Brook	lyn Vice President		

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

Control Number: 0431220

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

WAGNER SERVICE SOLUTIONS, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number | 28130330 Date Inc/Auth/Filed | 05/10/2004 Jurisdiction | Georgia Print Date | 09/20/2024

Form Number . 211

1776

Brad Raffonsperger

Brad Raffensperger

Secretary of State