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(Requestor's Name)	
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PICK-UP WAIT MAIL	
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COVER LETTER

Divis	stration Section ion of Corporations				
SUBJECT:	Doherty Staffing Solutions, In	ic.			
	Name o	of corporation -	must include suffix		
Dear Sir or M	ladam:				
"Certificate o	"Application by Foreign Co of Existence," or "Certificate need foreign corporation to tr	of Good Standi	ng" and check are submi		
Please return	all correspondence concerni	ng this matter to	o the following:		
Luke Putz					
· ············		Name of Pe	erson		
Doherty Staffi	ng Solutions, Inc.				
		Firm/Comp	any	_	
7625 Parklawi	ı Ave.				
		Addres	S		
Edina, MN 55	435				
		City/State and	l Zip code		
lputz@doherty					
	E-mail address	: (to be used to	r future annual report not	itication)	
For further in	formation concerning this m	atter, please cal	l:		
Luke Putz		952 at (835-8884		
Nam	e of Person	Area Code	Daytime Telepho	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	check for the following amoneck payable to: FLORIDA DF ing Fee	PARTMENT (g Fee & □		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.

Doherty Staffin	g Solutions, Inc.			
	orporation: must include "INCORPORATED, orp," "Inc," "Co." or "Corp.")	" "COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida	.)	
2. Minnesota	3	20-5677763		
(State or country under the law of which it is incorporated) 10/18/2006		(FEI number, if applicable) Perpetual		
(Date	5. of incorporation)	(Date of duration, if other than perpetual)		
7. 7625 Parklawn A	(SEE SECTIONS 607.1501 & 607.1 ve., Edina, MN 55435	n Florida. if prior to registration) 502. F.S., to determine penalty liability)		
		ice <u>street</u> address) ng address, if different)	 	
8. Name and street Name:	et address of Florida registered agent: (P.C C T Corporation System	D. Box NOT acceptable)		
Office Address:	1200 South Pine Island Road		P: -: >:	
	Plantation (City)	Florida = (Zin 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.

Qans Jachritz
(Begistered agent's signature) Jane Zachritz, Asst. Secretary

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	Name: Timothy Doherty	□Chairman	Name: Valerie	Doherty	
□Vice Chairman	7625 Parklawn Ave.	□Vice Chairman	Address: 7625 Parklawn Ave. Edina, MN 55435		
□Director	Edina, MN 55435	□Director			
□Presidem		□President			
□Vice President	·	□Vice President			
☐ Secretary	□Treasurer	□Secretary		□Treasurer	
□Other	Other	■Other <u>CEO</u>		Other	
□Chairman	Name: Benjamin Krakow	□Chairman	Name:		
□Vice Chairman	Address: 7625 Parklawn Ave.	□Vice Chairman	Address:		
□Director	Edina, MN 55435	□Director			
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	□Secretary		□Treasurer	
Other CFO		Other	. <u></u>	□Other	
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman			
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	□ Secretary		□Treasurer	
Other		□Other		□Other	
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing year Florida Department Signature of Director or cortical signing this document (and who is listed in number	nt of State Annual Ro	port form.		
	alse information submitted in a document to the Departi				
13 Denjamin M	avow				

Office of the Minnesota Secretary of State Certificate of Good Standing

l, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

Doherty Staffing Solutions, Inc.

Date Filed:

10/18/2006

File Number:

2060045-3

Minnesota Statutes, Chapter:

302A

Home Jurisdiction:

Minnesota

This certificate has been issued on:

09/19/2024



Steve Pinnon

Secretary of State
State of Minnesota