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(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nam	e)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

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COVER LETTER

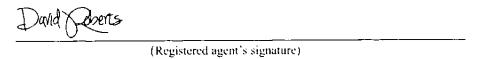
_	stration Section sion of Corporations			
SUBJECT:	Solution Staffing, Inc.			
SOBSECT.		corporation -	must include suffix	
Dear Sir or N	đadam:			
"Certificate of	l "Application by Foreign Corp of Existence," or "Certificate of need foreign corporation to tran	Good Stand	ing" and check are submitt	
Please return	all correspondence concerning	this matter t	o the following:	
Tyler Emerick				
		Name of P	erson	
Solution Staffi	ng, Inc			
		Firm/Comp	any	
6808 Odana F	Road, Unit 203			
		Addres	s	
Madison, WI 5	53719			
	(City/State and	d Zip code	
tyler@celerity:				
<u> </u>	E-mail address: (to be used fo	r future annual report notif	ication)
For further is	nformation concerning this mat	ter, please ca	II:	
Mary Busher	9 Busher 608 238-3410			
Nan	ne of Person	Area Code	Daytime Telephon	e 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		
	heck for the following amout heck payable to: FLORIDA DEP ling Fee	ARTMENT (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.

	orporation; must include "INCORPORATED," 'Corp." "Inc." "Co," or "Corp.")	COMPANY," "CORPORATION	(,"		
,	able in Florida, enter alternate corporate name ad		g business in Florida)		
2. Wisconsin	.)	9-1777851			
(State or count	tate or country under the law of which it is incorporated) (FEI number, if applicable)		plicable)		
4. 12/14/1993	5.				
	of incorporation)	(Date of duration, if other t	(Date of duration, if other than perpetual)		
6. 10/18/2024					
₇ 6808 Odana Roa	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150) d, Unit 203 Madison, WI 53719		(y)		
/·	(Principal office	street address)			
	(Current mailing	address, if different)	AET 1.232		
8. Name and stre	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	197 - S		
Name:	Registered Agents Inc				
Office Address:	7901 4th St N STE 300		P1 3: 4		
	St. Petersburg	, Florida <u>33702</u>			
	(City)	(Zip code)	•		

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.



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				
L'Chairman	Name:	☐ UChairman Name: ☐ Jon Emerick ☐ Vice Chairman Address:		rick
□Vice Chairman	Address:			
Director	6808 Odana Road, Unit 203	□Director	1460 W Main St Sun Prairie, WI 53590	
l € President	Madison, WI 53719	1 President		
□Vice President		☑ Vice President		
□ Secretary	□Treasurer	Secretary		□Treasurer
[]Other	[]Other	[]Other		U.Other
□Chairman	Name:	□Chairman	Name:	··
□Vice Chairman	Address:	□Vice Chairman	Address:	·
□Director		Director	_	<u> </u>
□President		□President		
□Vice President		□Vice President		
□ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	Other		□Other
LlChairman	Name:	∐Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
□Director		□Director		
1 : President		1 IPresident		
□Vice President		□Vice President		
□ Secretary	□Treasurer	☐ Secretary		Treasurer
[]Other	[Other	L1Other		LJOther
individuals may be	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department	nt of State Annual Ro	d for reporting pu eport form.	rposes only. Non-indexed
12	Signature of Director of			
 -	Signature of Director of	Officer		
The officer or dire she is aware that fi s.817.155, F.S.	etor signing this document (and who is listed in number alse information submitted in a document to the Departi	nent of State constitu	at the facts stated ites a third degree	herein are true and that he or felony as provided for in
13			<u> </u>	
_	(Typed or printed name and capacity of perso	n signing application	.)	

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS



Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come. Greeting:

I. Craig Heilman, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

SOLUTION STAFFING, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is December 14, 1993.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.0214 or 183.0212 Wis. Stats., but that it has not filed a statement or articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on August 16, 2024.

CRAIG HEILMAN, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: https://apps.dfi.wi.gov/apps/ccs/verify/

Enter this code: 396299-3FB39C32