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#### **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	FCT: Midway Staffing, Inc.			
30 <b>D</b> 3		f corporation -	must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Conficate of Existence," or "Certificate referenced foreign corporation to tra	of Good Stand	ing" and check are submi	
Please	return all correspondence concernit	ng this matter t	o the following:	
Richard	d J. Parrilli			
		Name of P	erson	
Midwa	y Staffing, Inc.			
		Firm/Comp	any	
4415 W	V. Harrison St., Ste. 408			
	<u> </u>	Addres	S	
Hillsid	e. 1L 60162			
		City/State and	d Zip code	
rparrill	i@midwaystaffing.com			
	E-mail address:	(to be used fo	r future annual report noti	fication)
For fur	ther information concerning this ma	atter, please ca	II:	
Richard	d J. Parrilli	708 at (	398-8800	
	Name of Person	Area Code	Daytime Telephor	ne Number
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	S:	MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations
Please t	ed is a check for the following amo make check payable to: FLORIDA DE .00 Filing Fee	PARTMENT ( g Fee &		☐ \$87.50 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.

If name unavaila	ble in Florida, enter alternate corporate name a	adopted for the purpose of transacting but	siness in Florida)
Illinois	3	47-2518514	
(State or country	y under the law of which it is incorporated) 3.	(FEI number, if applica	ble)
12-11-2014	5.	(Date of duration, if other than	
(Date	of incorporation)	(Date of duration, if other than	perpetual)
	12-16-2024		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
4415 W Harr	ison St S te 408, Hillside IL 60162		
	(Principal offic	ce street address)	
	(Current mailing	g address, if different)	
Name and stree	t address of Florida registered agent: (P.O	Box NOT acceptable)	
	Northwest Registered Agent LLC		
Name:			
Name: fice Address:	7901 4th St N STE 300	<del></del>	υ. <b>2</b>
		 . Florida <sup>33702</sup>	2024 D
		Florida	2024 DEC
ice Address: Registered age	St. Petersburg	(Zip code)	2024 DEC 27

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: Richard J. Parrilli	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address: 4415 W Harrison St Ste 408				
Director	Hillside IL 60162	Director	Hillside IL 60162				
President		□President					
□Vice President	_ <del></del>	■ Vice President					
■ Secretary	Treasurer	□Secretary	Treasurer				
□Other	Other	□Other					
■Director	Name:  James D. Parrilli III  4415 W Harrison St Ste 408  Hillside IL 60162	□Chairman □Vice Chairman □Director □President □Vice President					
Secretary		☐ Secretary	☐ Treasurer				
Other		Other					
☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President	Name:	□Chairman □Vice Chairman □Director □President □Vice President	Name:				
Secretary	□Treasurer	☐ 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.

Richard J. Parrilli, President

#### File Number

6991-718-6



## To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

### Department of Business Services. I certify that

MIDWAY STAFFING, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 11, 2014, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH day of DECEMBER A.D. 2024 .

Authentication #: 2435203024 venfiable until 12/17/2025

Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

SECRETARY OF STATE