· Katz, Kutter		
Requester's Name		
P.O.Box 1877		
Address		
Tallahassee, FL 32317		
City/State/Zip Phone #  Corporation NAME(S) & DOCU	Office Use Only	
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(Corporation Name)	(Document#) 80003408828——5 -09/29/0001002007 ****320.00 ****160.00	3 )
(Corporation Name)	(Document #)	, <u>.</u> = 
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3(Corporation Name)	(Document #)	
(Corporation Name)		
4	PREPASON	
(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time _	(Document #)  Certified Copy  Photocopy  Certificate of Status	
	Photocopy Certificate of Status	= **
Mail out Will wait	Photocopy	
NDOSE DYK TATOLO	AMENDMENTS	
NEW FILINGS		•
Profit	Amendment  Department of P. A. Officer Director	
<ul><li>✓ Not for Profit</li><li>✓ Limited Liability</li></ul>	Resignation of R.A., Officer/Director Change of Registered Agent	41
Domestication	☐ Dissolution/Withdrawal	
Other	☐ Merger	- A
	REGISTRATION/QUALIFICATION	\    dd
OTHER FILINGS	REGISTRATION/QUARTICATION	<b>3</b> 2
Annual Report	Foreign	
Fictitious Name	Limited Partnership Reinstatement	
	Trademark	
	Other	-
		7 -
	Examiner's Initials	
CR2E031(7/97)	$0.7$ X- $\omega$	,

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503. FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	r Management, LLC (Name of fore	ign lin	nited liability company)	
Nevada		3	65-1038617	
arisdiction under the mpany is organized	e law of which foreign limited liabili )	ity	(FEI number, if applicable)	*1
September 8		5.	No later than December 31, 2050	,
(Date o	of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	
October 2, 2				
		(See se	ections 608.501, 608.502, and 817.155, F.S.)	
	Drive, Suite 222			-
West Palm Be	each, FL 33409			
	(Street add	ress of	principal office)	
limited liability	company is a manager-manager	ged co	ompany, check here 🗷 💢 💍	-
he name and us	ual business addresses of the r	nanag	ging members or managers are as follows	
Karen A. Hoo	ver, Inc., a Nevada cor	pora	tion 3	
c/o Action L	abor Management, LLC			
900 Osceola	Drive, Suite 222	-		
West Palm Be	each, FL 33409			 
risdiction under the lation of the certificat	law of which it is organized. (A photo te under oath of the translator must be	ocopy i submi	ays old, duly authenticated by the official having custody of record is not acceptable. If the certificate is in a foreign language, a sted.)  bromgted in Florida: business management	ds in
	Action Labor Manageme By: Karen A. Hoover,	ent,	LLC/	
	By: Joseph R. Panzl, V Signature of a member or an	i auth	President Date: September orized representative of a member.	<u>97,</u> 2
	(In accordance with section 608.408), an affirmation under the penalties of Joseph R. Panzl, V	perjury	that the facts stated herein are true.)	

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507. FLORIDA STATUTES. THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Action Labor Management, LLC

2. The name and the Florida street address of the registered agent and office are:

Joseph R. Panzl, Esq.

Name

111 North Orange Avenue, Suite 900

Florida street address (P.O. Box NOT ACCEPTABLE)

Orlando, FL 32

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

\_\_\_\_

Date: September 27, 2000

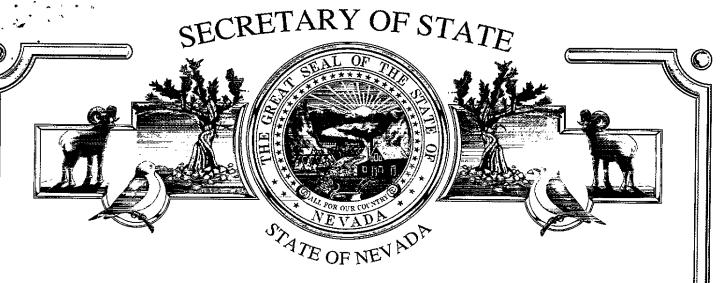
\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

AFPROVEU



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ACTION LABOR MANAGEMENT**, **LLC**, as a limited-liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 8, 2000, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on September 14, 2000.

Secretary of State

of the

Certification Clerk

OO SEP 26 PH 4: 19
SECREPASS OF STARE

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