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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

OCT 24 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Contingent Work Force Solutions, LLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Mary Gaida
Name of Person
Contingent Work Force Solutions, LLC
Firm/Company
2860 Middle Street
Address
·
Little Canada, MN 55117
City/State and Zip Code Mgaida@cwfsolutions.com
manida@awfaalutiona.com
The second secon
For further information concerning this matter, please call:
Mary Gaida
at (55.) 207 0270
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS:
Division of Corporations Registration Section Division of Corporations Registration Section
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sqrt{\$130.00}\$ Filing Fee & \$\sqrt{\$155.00}\$ Filing Fee & \$\sqrt{\$160.00}\$ Filing Fee, Certificate
Certificate of Status

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Contingent Work Force Solutions, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writ consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C." "LLC.")
2. Minnesota 3. 04-3741048
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 02-20-2003 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. 4th qtr 2009
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 2860 Middle Street
Little Canada, MN 55117
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as believes.
Willie Pouncy - MGRM
2860 Middle Street
Little Canada MN 55117
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Temporary Staffing
Will Come duy
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true. I am aware that any 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.)

Typed or printed name of signee

Willie Pouncy

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.

	ne of the Limited Liability Company is: gent Work Force Solutions, LLC		
If unavailab	ble, the alternate to be used in the state of Florida is:		
2. The name	ne and the Florida street address of the registered agent an	nd office are:	
	Business Filings Incorporated (Name)	SECR TALLA	
	515 East Park Avenue Florida Street Address (P.O. Box NOT ACCEPT	ZEIZ OCT 24 AM SECRETARY OF S ALLAHASSEE, FI	
• •	Tallahassee FL 32301	M 80 27 STATE *LORIDA	O

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, Florida Statutes.

Mouldle Asst Secretary Business Filings
(Signature) Interportable

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Office of the Minnesota Secretary of State **Certificate of Good Standing**

I, Mark Ritchie, 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:

Contingent Work Force Solutions, LLC

Date Filed:

02/20/2003

File Number:

38718-LLC

Minnesota Statutes, Chapter:

322B

Home Jurisdiction:

Minnesota

This certificate has been issued on:

08/21/2012

Mark Ritchie Mark Ritchie

Secretary of State State of Minnesota

