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COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	Hire Vision Staffing, LLC.	•		
SUBJECT: _]	Name of Limited Liability Co	mpany	
	Application by Foreign Limited L check are submitted to register the			
Please return a	all correspondence concerning this	matter to the following:		
	Nathan Parker			
		Name of Person	7 <u></u>	
	Hire Vision Staffing, LLC.			
		Firm/Company		
	33 North Main St. Suite One	9		
		Address		
	Concord, NH 03301			≥ 2
		City/State and Zip Code	>	Cage T
	nparker@hirevisionstaffing.co			
		s: (to be used for future annua	d report notification)	
For further info	ormation concerning this matter, pl	lease call:		AH IO: OF STA
Nath	an Parker	603 at (227-7260 x 10	30 XIE
	Name of Person	Area Code & Daytim	ne Telephone Number	
Divisi Regist P.O. L	LING ADDRESS: ion of Corporations tration Section Box 6327 nassee, FL 32314	STREET ADDRESS: Division of Corporation: Registration Section Clifton Building 2661 Executive Center C Tallahassee, FL 32301		
	a check for the following am 25.00 Filing Fee \$130.00 Fi Certificate	ling Fee & 🔲 \$155.00 Fil		Filing Fee, Certificate & Certified Copy

· 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: Hire Vision Staffing, 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 written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") 2. New Hampshire (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 12/27/2006 (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") Scheduled to begin 9/16/2013 (Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability) 33 North Main St Suite One Concord NH 03301 (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 follows: Nathan Parker 33 North Main St Suite One Concord, NH 03301 Jason Travers 33 North Main St Suite One Concord, NH 03301 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in 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: Software/Technology Staffing and Recruiting. Signature of a member or an authorized representative of a member.

penalties 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.)

Nathan Parker

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the

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.

If unavailab	le, the alternate to be used in	the state of Florida is:	
2. The name	e and the Florida street addre	ess of the registered agent and office are:	
	Corporation Service Com	NACTOR!	
	(Name)		
	1201 Hays Street		SSEE O
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Tallahassee	32301 FL	AH IO: 30 PERSTATE PERSONAL
		City/State/Zip	
liability com registered as statutes rela	pany at the place designated gent and agree to act in this c ting to the proper and comple	and to accept service of process for the able in this certificate, I hereby accept the appearancity. I further agree to comply with the ete performance of my duties, and I am facegistered agent as provided for in Chapte hany.	pointment as he provisions of all miliar with and er 608, Florida

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

(Signature)

State of New Hampshire Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that Hire Vision Staffing, LLC is a New Hampshire limited liability company formed on December 27, 2006. I further certify that it is in good standing as far as this office is concerned, having filed the annual report(s) and paid the fees required by law; and that a certificate of cancellation has not been filed.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 4th day of September, A.D. 2013

William M. Gardner Secretary of State