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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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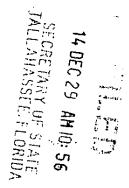
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COVÉR LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: Onin Staffing, 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:

Keith Phillips
Name of Person .
Onin Staffing, LLC
Firm/Company
1 Perimeter Park South, Suite 450N
Address
Birmingham, AL 35243
City/State and Zip Code
glang@oningroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Genessa Lang

, 205

298-7233

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Onin Staffing, LLC	
(Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
The Onin Group, LLC	
(If name unavailable, enter alternate name adopted for the purpose of tran Liability Company," "L.L.C," or "LLC.")	ssacting business in Florida. The alternate name must include "Limited
_{2.} Alabama _{3.}	63-1180986
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
_{4.} January 1, 2015	
(Date first transacted business in FI (See sections 605.0904 & 605.0905, F	orida, if prior to registration.) S. to determine penalty liability)
5. 20348 NW 2nd Avenue	
Miami, FL 33119 (Street Address o	f Principal Office)
6. 1 Perimeter Park South, Suite 450	•
Birmingham, AL 35243	
(Mailing	Address)
7. The name, title or capacity and address of the person	n(s) who has/have authority to managegis/are
Keith Phillips, Managing Member	CORE S
2308 Longleaf Way	10 29 PM
Vestavia Hills, AL 35243	
	0R1 2
8. Attached is an original certificate of existence, no monaving custody of records in the jurisdiction under the I	
acceptable. If the certificate is in a foreign language, a t	
must be submitted)	
	f /) f
- Jan V	
In accordance with section 605.0203, F.S., the execution of this document constitu	authorized person utes an affirmation under the penalties of perjury that the facts stated herein are to State constitutes a third degree felony as provided for in \$.817,155, F.S.)

Typed or printed name of signee

Keith Phillips

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Onin Staffing, LLC	
If unavailable, the alternate to be used in the state of Florida is: The Onin Group, LLC	

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

C T Corporation System		
	(Name)	
1200 South P	ine Island Road	
Florida Street	Address (P.O. Box NOT ACCEPTABLE)	
Plantation	FL 33324	
	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 605, Florida Statutes.



\$ 100.00
\$ 25.00
\$ 25.00
\$ 30.00
\$ 5.00
Certified Copy (optional)
\$ 5.00
Certificate of Status (optional)

Jim Bennett Secretary of State

P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Onin Staffing, LLC was formed in Jefferson County, Alabama on November 7, 1996. The Alabama Entity Identification number for this entity is 655-114. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State at the Capitol, in the city of Montgomery, on this day.



20141219000008950

12/19/2014

Date

Jim Bennett

Secretary of State