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COVER LETTER

TO:	Registration Section
	Division of Corporations

StarTek Workforce 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:

orrespondence concerning this matter to the following.
Parniya Whitehead
Name of Person
StarTek Workforce Solutions, LLC
Firm/Company
1712 Mattox Court
Address
Charlottesville, VA 22903
City/State and Zip Code
Parniya@strteks.com
E-mail address: (to be used for future annual report notification)
ation concerning this matter, please call:
aiva \//bitabaad

For further inform

'arniya VVhitenead

Name of Contact Person

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:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.larTek	L.C.," or "LLC.")	
ame unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alterlity Company," "L.L.C," or "LLC.")	ernate name must include	Limit "Limit
Texas, USA 3 27-3297782		
urisdiction under the law of which foreign limited liability (FEI number, i	f applicable)	
company is organized)		
11/1/2013		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
305 East California Street, Ste B		
Gainesville, TX, 76240	76 26	
(Street Address of Principal Office)	APR PR	7350
1712 Mattox Court	<u> </u>	
Charlottesville, VA 22903	T I I	
(Mailing Address)	(1) 4/0 (2) 4/0 (2) 4/0	
The name, title or capacity and address of the person(s) who has/have authority	y to manage is are:	
arniya Whitehead - Manager/Owner	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
712 Mattox Court		
harlottesville, VA 22903		

Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the 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.)

Parniya Whitehead

must be submitted)

Typed or printed name of signee

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.

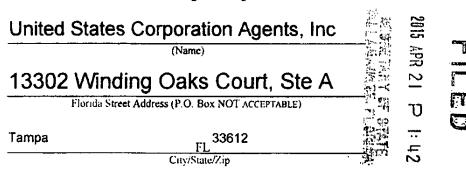
1. The name of the Limited Liability Company is:

StarTek Workforce Solutions, LLC

If unavailable, the alternate to be used in the state of Florida is:

StarTek

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



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 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Carlos Cascos Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Startek Workforce Solutions, LLC (file number 801309851), a Domestic Limited Liability Company (LLC), was filed in this office on August 24, 2010.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 17, 2015.



Prepared by: SOS-WEB

Carlos Cascos Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/ Phone: (512) 463-5555 Fax: (512) 463-5709

TID: 10264

Dial: 7-1-1 for Relay Services Document: 602238860003