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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 27 2015
T. BROWN

COVER LETTER

TO: Registration Section ATTN: TERESA BROWN
Division of Corporations

SUBJECT: ASSOCIATE STAFFING, LLC #W15000035899

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:

DELORES D MILLS

Name of Person

RITCH, BREEDEN & COMPANY

Firm/Company

PO BOX 508

Address

LAURINBURG NC 28353-0508

City/State and Zip Code

delores.mills@ritchbreedencpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DELORES D MILLS

at (910) 276-9500

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2015

DELORES D MILLS
PITCH, BREEDEN & COMPANY
PO BOX 508
LAURINBURG, NC 28353-0508

SUBJECT: ASSOCIATE STAFFING, LLC
Ref. Number: W15000035899

We have received your document for ASSOCIATE STAFFING, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is P14000009475, THE ASSOCIATES STAFFING, CORP.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 115A00010690

**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. ASSOCIATE STAFFING, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

SPIRE PROFESSIONAL SERVICES LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NORTH CAROLINA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-1989504

(FBI number, if applicable)

4. May 26, 2015

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 303C ATKINSON STREET

LAURINBURG NC 28352

(Street Address of Principal Office)

6. 303C ATKINSON STREET

LAURINBURG NC 28352

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **CHARLES T WIGGINS**

Office Address: **501 COMMENDENCIA STREET**

PENSACOLA, Florida **32502**

(City)

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

ALLISON D NORTON, MEMBER-MANAGER, 303C ATKINSON STREET, LAURINBURG NC 28352

JERRY W NORTON, MEMBER-MANAGER, 303C ATKINSON STREET, LAURINBURG NC 28352

MICHAEL A NORTON, MEMBER-MANAGER, 14242 CROWN HARBOR DRIVE, CHARLOTTE NC 28278

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

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.)

JERRY W NORTON

Typed or printed name of signee

FILED
 15 MAY 21 PM 12:20
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

ASSOCIATE STAFFING, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 6th day of February, 2008, with its period of duration being 12/31/2038.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 6th day of May, 2015.

Elaine F. Marshall

Secretary of State