lote: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000151860 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842

Fax Number : (850)878-5368 ထု

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

Foreign Limited Liability Company Kelly Services USA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

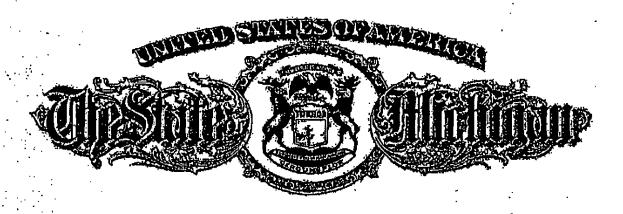
1. Kelly Services USA, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting husiness in Florida. The alternate name must Lieblity Company," "L.L.C," or "LLC.")	include "I	Limited
2 Michigan Applied for		
(Jurisdiction under the law of which foreign limited liability (FEI number, (l'applicable) company is organized)		
4. Upon Qualification (Date first transacted business in Florida, if prior to registration.)		_
(See sections 605.0904 & 605.0905, F.S. to defermine pountry liability)		
5. 999 W. Big Beaver Road, Suite 601 A. Troy, MI 48084		
(Street Address of Principal Office)	∑ 03	~2
• • • • • • • • • • • • • • • • • • • •		<u>-</u>
6. Same	2 20	
	SS	
(Mailing Address)	FF1-<	
# # A A A A A A A A A A A A A A A A A A	CQ.	\triangleright
7. The name, title or capacity and address of the person(s) who has/have authority to manage	L (2)	
George S. Corona, 999 W. Big Braver Road, Troy, MI 48084, Manager	윘	œ,
	<u>9m</u>	S 1
James M. Polehns, 999 W. Big Boaver Road, Troy, MI 48084. Manager	>	
Steven S. Armstrong, 999 W. Big Beaver Road, Troy, MI 48084. Manager		<u>_</u>
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated having custody of records in the jurisdiction under the law of which it is organized. (A photoco acceptable. If the certificate is in a foreign language, a translation of the certificate under oath omust be submitted)	py is no	t
Jans Would		
Signature of an authorized person. (In accordance with section 605.0203, F.3., the assection of this document contributes an affirmation under the penalties of perjury that the f		
am aware that any false information submitted in a document to the Department of State constitutes a faind degree felony as provided for in a	\$17.155, P.	3.)
James M. Polehna		
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.

Kelly Services USA, LLC If unavailable, the alternate to be used in the state of Florida is: 2. The name and the Florida street address of the registered agent and office are:					
	CT Comerciae Posture	SEC ALL			
-	C T Corporation System (Name)	JUN 19 PRETARY AHASSE			
	(,	25 2			
	1200 South Pine Island Road	SE			
_	Florida Street Address (P.O. Box NOT ACCEPTABLE)	—— (T) —			
	•	F.S			
	hi	유를 였			
-	Plantation FL 33324 City/State/Zip	- 중류 년			
		. Ծ			
bility company gistered agent a tutes relating to	ed as registered agent and to accept service of process for the abo at the place designated in this certificate, I hereby accept the appoint and agree to act in this capacity. I further agree to comply with the othe proper and complete performance of my duties, and I am fan lons of my postiton as registered agent as provided for in Chapter	ove stated limited ointment as e provisions of all nillar with and			
C	T Corporation System Alfred Your	nan retary			

\$ 30.00 Certifled Copy (optional)
\$ 5.00 Certifleate of Status (optional)



Bepartment of Licensing and Regulatory Affairs

Lausing, Wilchigan

This Is to Certify That

KELLY SERVICES USA, LLO

Year validly organized on March 31, 2015 on 6. Limited Liability Company, Seld Limited. Liability Company is validly in existence under the fews of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the proxisions of 1982 RA 25, as sinerided, to altest to the last that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper afficer, and is antitled to have full feith and wedit appents in every court and office within the United States.

in testimony whereof, I have hereunto set my head, if the City of Landing, this 1st day of June, 2018

Nine & Coholin District

Alan J. Scholke, Dicador Corporations, Securities & Commercial Licensing Sureau

odlo-beal appears only on original