

FILED
15 DEC 14 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JAN 06 2016
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2015

KRISTOPHER OLSON
10600 UNIVERSITY AVENUE NE STE 3B
COON RAPIDS, MN 55448

SUBJECT: TKO STAFFING LLC
Ref. Number: W15000080732

We have received your document for TKO STAFFING LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have received your document for TKO STAFFING LLC and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 015A00026354

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RECEIVED
15 DEC 28 PM 4:16
TALLAHASSEE
FLORIDA
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TKO 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:

Kristopher Olson

Name of Person

TKO Staffing LLC

Firm/Company

10600 University Ave NE Suite 3B

Address

Coon Rapids MN 55448

City/State and Zip Code

kolson@tkostaffing.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kristopher Olson

763

862-3245

at ()

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. TKO 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. The alternate name must include "Limited
Liability Company," "L.L.C.," or "LLC.")

2. Minnesota

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

3. 45-4396179

(FBI number, if applicable)

4. upon registration

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

5. 10600 University Ave NE Suite 3B

Coon Rapids MN 55448

(Street Address of Principal Office)

6. PO Box 48671

Coon Rapids MN 55448

(Mailing Address)

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(City) (Zip code)

Registered agent's acceptance:

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 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.

Jackie DeFilippis
(Registered agent's signature) Jackie DeFilippis on behalf of InCorp Services Inc

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

Kristopher Olson Member

12014 Waconia Circle

Blaine MN 55449

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)

Kristopher Olson
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Kristopher Olson

Typed or printed name of signee

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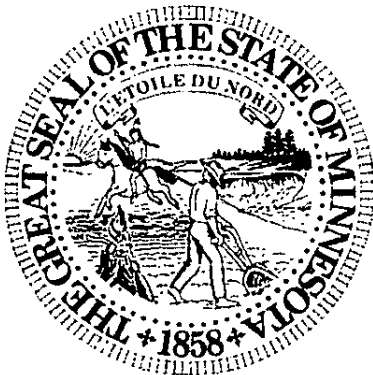
**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: TKO Staffing LLC
Date Filed: 01/26/2012
File Number: 467092700022
Minnesota Statutes, Chapter: 322B
Home Jurisdiction: Minnesota

This certificate has been issued on: 11/25/2015

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TALLAHASSEE, FLORIDA



Steve Simon
Steve Simon
Secretary of State
State of Minnesota