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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: INCORP SERVICES INC Account Name

Account Number : I20120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

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

### Foreign Limited Liability Company STAFFING ADVANTAGE, L.L.C.

Certificate of Status	0
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## COVER LETTER

TO:	Registration Section Division of Corporation	nus			
SUBJE	SCT:	STAFFING A	DVANTAGE,	L.L.C.	
	· · · · · · · · · · · · · · · · · · ·		Limited Liability Company		
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Please	return all correspondence	concerning this matter to the	following:		
		Am	ber Ragland		
		N	lame of Person		<del></del>
		InCon	p Services, in	IG.	٠
			im/Company	•	_
		3773. Howar	d Huahas P	kwy. Ste. 500s	
			Address		_
		Las Vegas,	NV 89	169	
		City/S	tate and Zip Cod	3	-
		docum	ients@Incor	p.com	
	<del></del> -	E-mail address: (to be use		_	<del>-</del>
For fur	ther information concern!	ng this matter, please call:	•	*	
			•		223
	Amber Regiand for	InCorp Services, Inc.	<sub>Bt</sub> 702	888-2500	ੂ ਛੜ
	Name	of Contact Person	Area Code	Daytime Telephone Number	
	MAILING ADDRESS			STREET ADDRESS:	<u> </u>
	Division of Corporation	15		Division of Corporations	er Ol
	Registration Section			Registration Section	₩ >
	P.O. Box 6327 Tallahassee, FL 32314			Clifton Building 2661 Executive Center Circle	gry .
	Taransassas and addition			Tallahassee, FL 32301	
Enclose	ed is a check for the fullow	wing amount:		<b>&gt;</b>	<del></del>
	☐ \$125.00 Filing Fee	S130.00 Filing Fee &	S155.00 Fill		

# 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. STAFFING ADVANTAGE, L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.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. North Carolina  (Jurisdiction under the law of which foreign limited liability company is organized)  3. 20-2024814  (FIII 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 Hability)
5. 2268 James B. White Hwy N.
Whiteville, NC 28472
(Street Address of Principal Office)
6. 2268 James B. White Hwy N.
Whiteville, NC 28472
Walling 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
Lóxahatchee , 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 agent to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.
Amber Ragland on behalf of InCorp Services, Inc.
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Randal E Gore, Managing Member, 2268 James B. White Hwy N., Whiteville, NC 28472
Timothy E Gore, Managing Member, 2268 James B. White Hwy N., Whiteville, NC 28472
Sandra Gore, Managing Member, 2268 James B. White Hwy N., Whiteville, NC 28472
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)
V run 78
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 a.817.155, F.S.
Randal E Gore
Typed or printed name of signee



# 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

#### STAFFING ADVANTAGE, L.L.C.

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 13th day of January, 2005, with its period of duration being Perpetual.

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.

Certification# 98993777-1 Reference# 13276869- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 14th day of July, 2016.

Elaine I Marshall

Secretary of State