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COVER LETTER

| TO: Registr Division | ation Section n of Corporation | ns | | , | • | | 4 |
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| C8 SUBJECT: | S Staffing LLC. | | | | ٠ | | 7. |
| SODJECT | | Name of | Limited Liability (| Company | | | |
| | | eign Limited Liability Comp d to register the above refere | | | | | |
| Please return all | correspondence c | concerning this matter to the | following: | | | | |
| | Chad Lemons | | | | | | |
| | | N | ame of Person | | | | |
| | C&S Staffing I | LLC. | | | , | | |
| | | F | irm/Company | <u> </u> | | | |
| | 109 East Mair | Street | | | | | |
| | | | Address | | | | |
| | Whitesboro, T | X 76273 | | | | | |
| | | City/S | tate and Zip Code | | | | |
| | clemons@cand | lsstaffing.com | | | | | |
| | | E-mail address: (to be use | d for future annual | report not | ification) | | |
| For further infor | mation concernin | g this matter, please call: | | | | | |
| Chad I | Lemons | | 903 at (| 209-84 | 81 | | |
| | Name o | of Contact Person | Area Code | Day | time Telepho | ne Numbe | r |
| Divisio Registr P.O. Bo | ING ADDRESS: on of Corporations ation Section ox 6327 assee, FL 32314 | | | Division Registrat Clifton B 2661 Exe | of Corporation Section wilding secutive Center see, FL 32301 | ons r Circle | |
| | eck for the follow 5.00 Filing Fee | ring amount: ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filir Certified Copy | ng Fee & | ■ \$160.00 of Status & | | e, Certificate 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:

| Liability Company," "L.L.C," 2. | | | | | | |
|---|---|---|----------------|------------------|-----------------------|---------------|
| (Jurisdiction under the law o | f which foreign limited liability | (FEI number, | f applicable) | | | _ |
| company is organized) | | | | | | |
| 5. | (Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. to | , if prior to registration.) o determine penalty liability | · | | | |
| | Whitesboro, TX 76273 | | | • | | _ |
| | (Street Address of Principal Off | | CR. | 2016 FF | 77 | |
| | Whitesboro, TX 76273 | | 255V ABVL | · (5) | | |
| | (Mailing Address) | | | ָט | Ш | |
| 7. Name and street address | of Florida registered agent: (P.O. Box \underline{NG} | OT acceptable) | STATE LORID | (: | O | |
| Name: | REGISTERED AGENTS INC. | | SE SE | 48 | | |
| Office Address: | 3030 N. Rocky Point Drive, STE | 150A | | _ | | ۳, |
| | TAMPA | , Florida33 | 607 | _ | | |
| | (City) | (2 | Zip code) | | | |
| Registered agent's accepts | • | | | | | |
| Having been named as reg this application, I hereby a with the provisions of all st | ance: istered agent and to accept service of proc ccept the appointment as registered agent atutes relative to the proper and complete ion as registered agent | and agree to act in this of performance of my dution Havre/Assistant Se | apacity. I f | urther famili | agree to diar with ar | ompi nd ac |
| Having been named as reg his application, I hereby a with the provisions of all si the obligations of my positi | ance: istered agent and to accept service of proc ccept the appointment as registered agent atutes relative to the proper and complete ion as registered agent Bill (Registered agent's | and agree to act in this of performance of my dution Havre/Assistant Sesignature) | apacity. If | urther famili | agree to diar with ar | ompi nd ac |
| Having been named as reg this application, I hereby a with the provisions of all st the obligations of my positi - 8. The name, title or capac | ance: istered agent and to accept service of proc ccept the appointment as registered agent atutes relative to the proper and complete ion as registered agent Bill | and agree to act in this of performance of my dution Havre/Assistant Sesignature) | apacity. If | urther famili | agree to diar with ar | ompi nd ac |
| Having been named as reg this application, I hereby a with the provisions of all st the obligations of my positi 8. The name, title or capac Chad Lemons / Owner | istered agent and to accept service of procecept the appointment as registered agent atutes relative to the proper and complete ion as registered agent. Bill (Registered agent's stity and address of the person(s) who has/ha | and agree to act in this of performance of my dution Havre/Assistant Sesignature) | apacity. If | urther famili | agree to diar with ar | ompi nd ac |
| this application, I hereby a with the provisions of all state obligations of my positions. | istered agent and to accept service of procecept the appointment as registered agent atutes relative to the proper and complete ion as registered agent. Bill (Registered agent's stity and address of the person(s) who has/ha | and agree to act in this of performance of my dution Havre/Assistant Sesignature) | apacity. If | urther famili | agree to diar with ar | ompi nd ac |

Typed or printed name of signee

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.

Chad Lemons

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



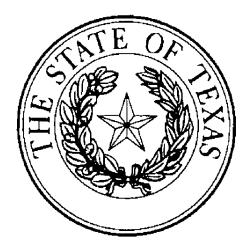
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for C&S Staffing LLC (file number 801842213), a Domestic Limited Liability Company (LLC), was filed in this office on August 29, 2013.

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 November 23, 2016.



Carlos H. Cascos Secretary of State