M17000001693

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
epecial mediations to 1 ming emeci.						

Office Use Only



300295115133

02/06/17--01047--013 **125.00

(15 CLU 51 BR 3- 15

J. HARRIS

COVER LETTER

. . >

TO:

Registration Section

Division of Corporations

SUBJECT:	GEMINI STAFFING	G CONSULTANTS LLC					
SUBJECT.	Name of Limited Liability Company						
The enclosed Existence, ar	l "Application by Fore	eign Limited Liability Comp I to register the above refere	any for Authorizat	tion to Trai ed liability	nsact Business in Florida," C company to transact busines	ertificate of s in Florida	
Please return	all correspondence c	oncerning this matter to the	following:				
	TODD E. RYA	N					
	Name of Person GEMINI STAFFING CONSULTANTS LLC Firm/Company						
	10 TOWER OFFICE PARK - SUITE 615						
	Address WOBURN, MA 01801 City/State and Zip Code						
	todd.ryan@gemir	_					
		E-mail address: (to be used	for future annual	report noti	fication)		
For further in	nformation concerning	this matter, please call:					
DA	VID SORGI		617 _ at (742-215	50		
	Name of	f Contact Person	Area Code	Dayt	time 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					
	check for the followi 125.00 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Cert of Status & Certified Copy		

February 9, 2017

TODD E RYAN 10 TOWER OFFICE PARK SUITE 615 WOBURN, MA 01801

SUBJECT: GEMINI STAFFING CONSULTANTS, LLC

Ref. Number: W17000011790

We have received your document for GEMINI STAFFING CONSULTANTS, ELC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 417A00002672

2017 FEB 24 AM 11: 25

17 FEB 24 PM 2. 15

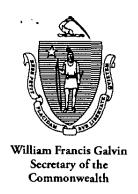
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

COMPANY TO TRANSACT BU	ISINESS IN THE STATE OF FLORIDA:		
GEMINI STAFFING C	CONSULTANTS LLC		
(Name of Fore	ign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or "LI	LC.")
Liability Company," "L.L.C,"	ternate name adopted for the purpose of trans ' or "LLC.")	acting business in Florida. The alternate name n	nust include "Limited
2. MASSACHUSETTS	•	1-3829570	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. OCTOBER 1, 2016			
5 10 TOWER OFFICE F	(Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S PARK - SUITE 615	rida, if prior to registration.) S. to determine penalty liability)	
WOBURN, MA 0180			3 - 444 - 44
10 TOWER ORDER	(Street Address of Principal	Office)	丑 異
6. 10 TOWER OFFICE P.	ARK - SUITE 615		B 21
WOBURN, MA 0180	I		F SSYM
	(Mailing Address)		PH ST
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	7: 12 m
Name:	JOSEPH T. DONAHUE		ග 🥳
Office Address:	295 GRANDE WAY, UNIT 1004		
	NAPLES	, Florida <u>34110</u>	
Registered agent's accept	(City)	(Zip code)	
designated in this applicate to complywith the provision	tion, I hereby accept the appointment as	rocess for the above stated limited liability registered agent and agree to act in this cand complete performance of my duties, and the candidates are signature)	apacity. I further agree
8. The name, title or capa	icity and address of the person(s) who has	s/have authority to manage is/are:	
	OWER OFFICE PARK, SUITE 615, WO		
Manager			
9. Attached is a certificate jurisdiction under the law of the translator must be su	of which it is organized. (If the certificate abmitted)	luly authenticated by the official having cus is in a foreign language, a translation of th	stody of records in the e certificate under oath
	Signature of an aut	horized 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.

TODD E. RYAN



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

January 25, 2017

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

GEMINI STAFFING CONSULTANTS, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **January 28**, **2008**.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: $\mathbf{TODD} \ \mathbf{E}$ \mathbf{RYAN}

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **TODD E RYAN**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **TODD E RYAN**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Villian Travino Galicin