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W17-21254
Octavia

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03/10/17--01019--023 **160.00

03/22/17--01005--001 **777.50

FILED
2017 MAR 22 PM 2:31
CLERK JURY OF'S COURT
TALLAHASSEE, FLORIDA

K. SALY

MAR 23 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2017

MELISSA SERGENT
PO BOX 6069
GULFPORT, MS 39506

SUBJECT: STAFF PRO WORKFORCE, LLC
Ref. Number: W17000021254

We have received your document for STAFF PRO WORKFORCE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$777.50.

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.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 417A00004793

2017 MAR 21 PM 3:39
TALLAHASSEE, FLORIDA

www.sunbiz.org

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Staff Pro, 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:

Melissa Sergent

Name of Person

Staff Pro, LLC

Firm/Company

P.O. Box 6069

Address

Gulfport, MS 39506

City/State and Zip Code

msergent@staffproworkforce.com

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

For further information concerning this matter, please call:

Melissa Sergent

228

297-8966

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. Staff Pro, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Staff Pro Workforce, 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. Mississippi

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

3. 01-0827657

(FEI number, if applicable)

4. 08/01/2015

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

5. 238 Courthouse Rd

Gulfport, MS 39507

(Street Address of Principal Office)

6. P.O. Box 6069

Gulfport, MS 39506

(Mailing Address)

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

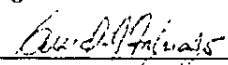
Name: Guido Intriago

Office Address: 900 SW 8th St, Unit CU-1

Miami, Florida 33130
(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.


(Registered agent's signature)

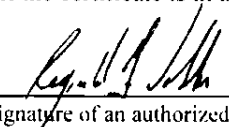
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Reginald Walker, Member, 23239 Stablewood Circle, Pass Christian, MS 39571

Juan Silva, Member, P.O. Box 7379, Gulfport, MS 39506

Jose Rodriguez, Member, 970 Glen Oaks Dr, Pass Christian, MS 39571

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)


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.

Reginald Walker

Typed or printed name of signee

FILED
2017 MAR 22 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

STAFF PRO, LLC

Registered the 28th day of January, 2005

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

238 Courthouse Rd
Gulfport, MS 39507

And that the registered agent at that address is:

Silva, Juan Pablo

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 2nd day of March, 2017

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN17034047

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>

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2017 MAR 22 PM 2:31
CLERK OF STATE
TALLAHASSEE, FLORIDA