

1717000003650

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855) 498-3500
Fax Number : (800) 432-3622

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRANSPERFECT STAFFING SOLUTIONS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	10
Estimated Charge	\$55.00

JUN 02 2021

A. LUNT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRANSPERFECT STAFFING SOLUTIONS, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LORA TRUJILLO

Name of Person

TRANSPERFECT, INC

Firm/Company

1250 BROADWAY, 32ND FLOOR

Address

NEW YORK, NY 10001

City/State and Zip Code

GovtReportsCompliance@transperfect.com

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

For further information concerning this matter, please call:

LORA TRUJILLO

Name of Person

at (212) 400-8840 x-11266
Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: TRANSPERFECT STAFFING SOLUTIONS, LLC

Enter new principal office address, if applicable: _____

(Principal office address)
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: _____

(Mailing address)
MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M17000003650

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 9/9/2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: CHANCERY STAFFING SOLUTIONS, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

H21000217970 3

NEVADA

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Philip Shawe
Typed or printed name of signee

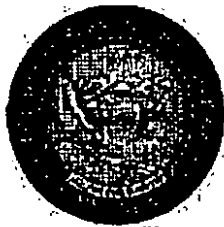
Filing Fee: \$25.00

SECRETARY OF STATE

CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CHANCERY STAFFING SOLUTIONS, LLC**, as a **DOMESTIC LIMITED-LIABILITY COMPANY (86)** duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 08/03/2018, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/26/2021.

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202105261701803

You may verify this certificate
online at <http://www.nvsos.gov>

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for
Commercial Recordings

STATE OF NEVADA**OFFICE OF THE
SECRETARY OF STATE**

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

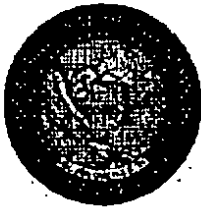
Certified Copy

05/26/2021 14:13:13 PM

Work Order Number: W2021052601619 - 1355881
Reference Number: 20211485671
Through Date: 05/26/2021 14:13:13 PM
Corporate Name: CHANCERY STAFFING
SOLUTIONS, LLC

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number	Description	Number of Pages
20180345695-83	Articles of Organization - 08/03/2018	2
20180345694-72	Convert In - 08/03/2018	2



Certified By: Electronically Certified
Certificate Number: B202105261701852
You may verify this certificate
online at <http://www.nvsos.gov>

Respectfully,

Handwritten signature of Barbara K. Cegavske in black ink.

BARBARA K. CEGAVSKE
Nevada Secretary of State



BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-6708
Web site: www.nv.gov



USD106

Articles of Organization Limited-Liability Company (PURSUANT TO NRS CHAPTER 88)

Filed in the Office of <i>Barbara K. Cegavske</i> Secretary of State State Of Nevada	Business Number E0367822018-4 Filing Number 20180345695-83 Filed On 08/03/2018 Number of Pages 1
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USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Limited-Liability Company: (must contain approved limited-liability company wording; see instructions)	Chancery Staffing Solutions, LLC			Check box if a Series Limited-Liability Company <input type="checkbox"/>	Check box if a Restricted Limited-Liability Company <input type="checkbox"/>
2. Registered Agent for Service of Process: (check only one box)	<input checked="" type="checkbox"/> Commercial Registered Agent: CSC Services of Nevada, Inc. Name <input type="checkbox"/> Noncommercial Registered Agent: <u>OR</u> <input type="checkbox"/> Office or Position with Entity (name and address below) Name of Noncommercial Registered Agent OR Name of Title or Office or Other Position with Entity Street Address City State Zip Code Mailing Address (if different from street address) City State Zip Code				
3. Dissolution Date: (optional)	Latest date upon which the company is to dissolve (if existence is not perpetual):				
4. Management: (required)	Company shall be managed by: <input type="checkbox"/> Manager(s) <u>OR</u> <input checked="" type="checkbox"/> Member(s) (check only one box)				
5. Name and Address of each Manager or Managing Member: (attach additional page if more than 3)	1) TransPerfect Global, Inc. Name 3 Park Avenue New York NY 10016 Street Address City State Zip Code 2) Name Street Address City State Zip Code 3) Name Street Address City State Zip Code				
6. Name, Address and Signature of Organizer: (attach additional page if more than 1 organizer)	I declare, to the best of my knowledge (under penalty of perjury), that the information contained herein is correct and acknowledge that pursuant to NRS 238.020, it is a category C felony to knowingly execute and deliver a false instrument for filing in the Office of the Secretary of State. Philip R. Shawc Name TransPerfect Global, Inc., 3 Park Avenue New York NY 10016 Address City State Zip Code				
7. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Registered Agent for the above named Entity. If a registered agent is unable to sign the Articles of Organization, the undersigned may sign the Registered Agent Acceptance form. By: <i>[Signature]</i> 07/19/2018 Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date				

This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 88.010
Adoption Revised: 9-18-17



BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-6708
Website: www.nvsos.gov



11000217970

Registered Agent Acceptance

(PURSUANT TO NRS 77.310)

This form may be submitted by: a Commercial Registered Agent,
Noncommercial Registered Agent or Represented Entity. For more
information please visit <http://www.nvsos.gov/index.aspx?page=141>

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Acceptance of Appointment by Registered Agent

in the matter of Chancery Staffing Solutions, LLC

Name of Represented Business Entry

I, CSC Services of Nevada, Inc.

am a:

Name of Appointed Registered Agent OR Represented Entity Serving as Own Agent

(complete only one)

- a) ☒ commercial registered agent listed with the Nevada Secretary of State,
b) ☐ noncommercial registered agent with the following address for service of process:

Street Address _____ City _____ Nevada _____ Zip Code _____

Mailing Address (if different from street address) _____ City _____ Nevada _____ Zip Code _____

- c) ☐ represented entity accepting own service of process at the following address:

Title of Office or Position of Person in Represented Entity

Street Address _____ City _____ Nevada _____ Zip Code _____

Mailing Address (if different from street address) _____ City _____ Nevada _____ Zip Code _____

and hereby state that on

I accepted the appointment as registered agent for

the above named business entity.

Date

X

Authorized Signature of R.A. or On Behalf of R.A. Company

Date

8.3.18

*If changing Registered Agent when reinstating, officer's signature required.

X

Signature of Officer

Date

Nevada Secretary of State Form RA Appointment
Revised 1-5-15



BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvssa.gov



140704

Articles of Conversion

(PURSUANT TO NRS 92A.205)

Page 1

Filed in the Office of <i>Barbara K. Cegavske</i>	Business Number E0367822018-4
Secretary of State State Of Nevada	Filing Number 20180345694-72
	Filed On 08/03/2018
	Number of Pages 2

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PLEASE NOTE: The charter document for the resulting entity must be submitted/ filed simultaneously with the articles of conversion.

Articles of Conversion (Pursuant to NRS 92A.205)

1. Name and jurisdiction of organization of constituent entity and resulting entity:

TRANSPERFECT STAFFING SOLUTIONS LLC

Name of constituent entity

Delaware

Jurisdiction

Limited Liability Company

Entity type *

and,

Chancery Staffing Solutions, LLC

Name of resulting entity

Nevada

Jurisdiction

Limited Liability Company

Entity type *

2. A plan of conversion has been adopted by the constituent entity in compliance with the law of the jurisdiction governing the constituent entity.

3. Location of plan of conversion; (check one)

☐

The entire plan of conversion is attached to these articles.

☒

The complete executed plan of conversion is on file at the registered office or principal place of business of the resulting entity.

☐

The complete executed plan of conversion for the resulting domestic limited partnership is on file at the records office required by NRS 88.330.

* corporation, limited partnership, limited liability limited partnership, limited liability company or business trust.

This form must be accompanied by appropriate fees.

Nevada Secretary of State 92A Conversion Page 1
Rev 6/2017 1-6-17



BARBARA K. CEGAVYSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-6708
Website: www.nvsos.gov

Articles of Conversion

(PURSUANT TO NRS 92A.205)

Page 2

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4. Forwarding address where copies of process may be sent by the Secretary of State of Nevada (if a foreign entity is the resulting entity in the conversion):

Attn:

cto:

5. Effective date and time of filing: (optional) (must not be later than 90 days after the certificate is filed)

Date:

Time:

6. Signatures - must be signed by:

1. If constituent entity is a Nevada entity: an officer of each Nevada corporation; all general partners of each Nevada limited partnership or limited-liability limited partnership; a manager of each Nevada limited-liability company with managers or one member if there are no managers; a trustee of each Nevada business trust; a managing partner of a Nevada limited-liability partnership (i.e., a general partnership governed by NRS Chapter 87);

2. If constituent entity is a foreign entity: must be signed by the constituent entity in the manner provided by the law governing it.

TRANSPERFECT STAFFING SOLUTIONS LLC

Name of constituent entity

X

Signature

Title

July 10, 2018

Date

* Pursuant to NRS 92A.205(4) if the conversion takes effect on a later date specified in the articles of conversion pursuant to NRS 92A.240, the constituent document filed with the Secretary of State pursuant to paragraph (b) subsection 1 must state the name and the jurisdiction of the constituent entity and that the existence of the resulting entity does not begin until the later date. This statement must be included within the resulting entity's articles.

FILING FEE: \$350.00

IMPORTANT: Failure to include any of the above information and payment with the proper fees may cause this filing to be rejected.

This form must be accompanied by appropriate fees.

Nevada Secretary of State 92A Conversion Page 2
Revised: 6/1/15