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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone

(702)866-2500

Fax Number

: (702)866-2689

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

Foreign Limited Liability Company Staffing Support Solutions LLC

	7.14
Certificate of Status	0
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COVER LETTER

	legistration Section livision of Corporations		.			
SUBJECT	Staffing Support Solutions LLC	,F	*** ****			
SOMURC		Name of Limited Liability Company				
The enclos Existence,	sed "Application by Foreign Limited Liability Co and check are submitted to register the above re	ompany for Authoriza Ferenced foreign limit	tion to Transact Business in Florida," ed liability company to transact busin	'Certificate of ness in Florida.		
Plense retu	um all correspondence concerning this matter to	the following:				
	Tona Vaughn					
		Name of Person				
	InCorp Services, Inc.					
		Firm/Company	· · · · · · · · · · · · · · · · · · ·			
	3773 Howard Hughes Pkwy, Ste 500S	•				
	Address Las Vegas, NV 89169					
	City/State and Zip Code					
	Managedreports@incorp.com		· <u> </u>			
	E-mail address: (to be	used for future annual	port notification)			
For further	r information concerning this matter, please call:	:				
٦	Tana Vaughn for InCorp Services, Inc.	800 at t	246-2677			
-	Name of Contact Person	Area Code	Daytime Telephone Number	'		
7 R P	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Fallahassee, Fl. 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	is a check for the following amount: 3 \$125.00 Filing Fee (S130.00 Filing Fee (Certificate of Status	& 屬 \$155,00 Filir Certified Copy	of Status & Certified Co			

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

4.5

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIMBILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Staffing Support Solution (Name of Foreign Li	mited Liability Company; must include "Limited	Liability Company," "L. L.C.," or "L	1.0")
		' ,	
'name unavailable, enter alternate num	endopted for the purpose of transacting business in Florid	is. The alternate remembers we hale "Final	ted I sability Company, "L.U.C." or "L.I.C.")
North Carolina		3,	
(Jurisdiction under the law of which	h fareign busited liability company is organized)	(1)	:l manher, if applicable)
10/01/2017			
	(Date first transacted business in Florida, if prair to it; (See acctuate 605 0904 & 605 0905, I'S to determine	penalty helidry)	_
102 Commonwealth Ct.		6. 102 Commonwealth C	a. 产型 是:
(Street Address of Pan	uspai Officu)	(Mailir	ng Address)
Suite G		Suite G	
Cary, NC 27511		Cary, NC 27511	
Name and street address	of Florida registered agent: (P.O. Box)	NOT acceptable)	
Name:	InCorp Services, Inc.		
A	17888 67th Court North	 	
Office Address:	Troub Frid Court Hotel		
•	Loxuhatchee (Cay)	, Florida <u>33470</u>	<u> </u>
. The name, title or capaci Title or Capacity: Managing Member	(Reginfred spent's signified spent's signified spent's signification of the person(s) who has Name and Address: Lince V King		nre: Name and Address;
	102 Commonwealth Ct. Suite t Cary, NC 27511		
		; ·	
			
Use attachments if necessa	ry)		
Attached is a certificate or cristicate or cristication under the law of fithe translator must be sub-	f existence, no more than 90 days old, do which it is organized. (If the certificate mitted)	aly authenticated by the offici is in a foreign language, a tra	ial having custody of records in the uslation of the certificate under oath
	ed in accordance with section 605.0203 (he Department of State constitutes a thir		
-	Signature of	authorized person	
t	Lance V King		
_	Турий огр	rimed name of significant	



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 SUPPORT SOLUTIONS LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 7th day of March, 2013, 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# 101415287-1 Reference# 14119839- Page: I of I Verify this certificate online at http://www.sosne.gov/verification

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 6th day of December, 2017.

Elaine I. Marshall

Secretary of State

1417MN3196523