

M17 000010671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

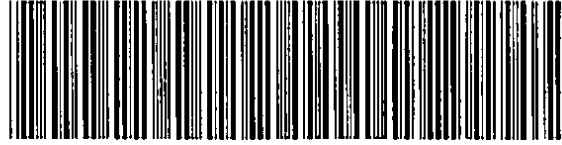
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 DEC 18 AM 7:14

**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. Argos HR Solutions, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "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. Pennsylvania 3. 82-2801810  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEF number, if applicable)

4. N/A  
(Date first transacted business in Florida, if prior to registration) (See sections 605.0901 A, 601.0901, F.S. to determine actual liability)

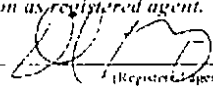
5. <u>220 South Main St., Suite 101</u> <small>(Street Address of Principal Office)</small>	6. <u>220 South Main St., Suite 101</u> <small>(Mailing Address)</small>
<u>Butler, PA</u>	<u>Butler, PA</u>
<u>16001</u>	<u>16001</u>

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

Name: Dan McHenry

Office Address: 5950 Hazeltine National Drive, Suite 620  
Orlando, Florida 32822  
(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:

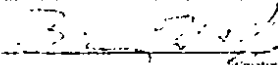
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>President</u>	<u>Barry Wolfe</u> <u>113 Mohawk Drive</u> <u>Sarver, PA 16055</u>		

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(Use attachments if necessary)

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)

10. This document is executed in accordance with section 605.0203 (j) (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.

  
Signature of an authorized person

Barry Wolfe  
Typed or printed name of signer

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

12/05/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Argos HR Solutions LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

*Robert Lanes*

Acting Secretary of the Commonwealth

Certification Number: TSC171205070055-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>