# M1000013

(F	Requestor's Name)					
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D. SCOTT DEC 1 9 2017

### **COVER LETTER**

		istration Section ision of Corporation	· · · ,						
SUBJEC	ςт.	UnifyHR, LLC							
SOUSEC	C I .	Name of Limited Liability Company							
			eign Limited Liability Comp I to register the above refere						
Please re	eturn	all correspondence co	oncerning this matter to the	following:					
		Detra Reed							
	Name of Person								
		Central Licensing Bureau							
			Fi	rm/Company					
		1501 N Univers	1501 N University, #550						
				Address	•		<del></del>		
	Little Rock, AR 72207								
			City/St	ate and Zip Code					
	dreed@centrallicensingbureau.com								
	E-mail address: (to be used for future annual report notification)								
For furth	her ii	nformation concerning	this matter, please call:				`		
	Det	ra Reed		501 at (	664-80-	44	•		
		Name of	Contact Person	Area Code	Day	time Telephone Numbe	<u></u>		
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		a check for the following fee	ng amount:  \$\Bigsire\$ \$\\$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee of Status & Certified			

## 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. UnifyHR, LLC (Name of Foreign)	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LL	C.")		
(If name unavailable, enter alternate na	une adopted for the purpose of transacting business in Flori	da. The alternate name must include "Limited	d Liability Company," "L.L.C," or "LLC.")		
2 Texas		3. 46-2913859			
<b>-</b> 1	nch foreign limited liability company is organized)	j(FEI	number, if applicable)		
4	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	egistranon.) e penalty hability)	<del></del>		
5. 105 Decker Court, #54		6. Same as principal offic	rincipal office		
(Street Address of P		(Mailing Address)			
Irving, TX 75062	<del></del>		<del></del>		
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)			
Name:	NRAI Services, Inc.				
Office Address:	1200 South Pine Island Road				
	Plantation	, Florida 33324			
Registered agent's accep-	(City)		p code)		
to comply with the provisi	tion, I hereby accept the appointment as ons of all statutes relative to the proper of				
	/ (Registered agent's si	grature)	•		
8. The name, title or capa	icity and address of the person(s) who has	s/have authority to manage is/a	re:		
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:		
Managing Member	James C. Firestone	Managing Member	Laura T. Firestone		
<del> </del>	105 Decker Court, #540		105 Decker Court, #540		
	Irving, TX 75062		Irving, TX 75062		
Member	Arthur A. Gehrki	Member	Christopher P. Heinefield		
	105 Decker Court, #540	Wember	105 Decker Court, #540		
	Irving, TX 75062		Irving, TX 75062		
(Use attachments if necess	sary)				
	of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)	-	· ,		
	uted in accordance with section 605.0203 of the Department of State constitutes a thin				

Typed or printed name of signee



## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for UnifyHR, LLC (file number 801792882), a Domestic Limited Liability Company (LLC), was filed in this office on May 30, 2013.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 11, 2017.



Phone: (512) 463-5555



Rolando B. Pablos Secretary of State

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services