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(Re	equestor's Name)				
(Ad	ldress)				
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(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Bu	isiness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
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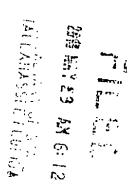
Office Use Only



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05/22/18--01002--007 **838.75

02/03/18--01015--026 **125.00

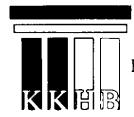


HAY 30 20'7 J. HARRIS

COVER LETTER

TO:		ation Section of Corporation	s				
SUBJE		Staffing Solution	ns, LLC				
30001			Name of L	imited Liability C	ompany		
The en Exister	closed "Ap nee, and ch	oplication by Fore	eign Limited Liability Comp I to register the above refere	any for Authorizat need foreign limit	ion to Tra ed liability	nsact Business in Florida," (company to transact busine	Certificate of ess in Florida
Please	return all o	correspondence c	oncerning this matter to the	following:			
•		Kenny Buckma	n				
			Na	me of Person			
		323 Staffing So	lutions, LLC				
		-	Fi	rm/Company			
		2700 Chestnut l	Bend				
Address							
	Owensboro, KY 42303						
City/State and Zip Code						_	
		kenny@integrity	feeds.com				
	-		E-mail address: (to be used	for future annual	report not	ification)	
For fur	rther infori	nation concerning	g this matter, please call:				
	Kenny	Buckman		270 at (559-830	07	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Division Registra P.O. Be	NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ce, FL 32301	
Enclos		eck for the follow .00 Filing Fee	ing amount: S130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	

Thomas J. Keuler James A. Sigler David L. Kelly Theodore S. Hutchins * Stacey A. Blankenship Robert W. Goff ** Kristen N. Worak Lesley A. Owen * Judy K. Payne *** James P. Landry



Keuler, Kelly, Hutchins, Blankenship & Sigler, LLP 100 South 4th Street, Suite 400 Paducah, KY 42001

p. (270) 448-8888 **f.** (270) 448-0998

www.kkhblaw.com

* Also Licensed to Practice in Illinois

** Also Licensed to Practice in Illinois & Tennessee

*** Also Licensed to Practice in Missonii

May 24, 2018

DIVISION OF CORPORATIONS REGISTRATION SECTION ATTN: JENNA HARRIS P.O. BOX 6327 TALLAHASSEE, FL 32314

Re: 323 Staffing Solutions, LLC

Dear Jenna:

Enclosed please find a new Certificate of Existence for the above referenced LLC. If you should have any questions, please call me at the number listed above.

Sincerely,

Kelsey Johnston

Paralegal

Enclosures

216356



RECENTED



May 22, 2018

KENNY BUCKMAN 2700 CHESTNUT BEND OWENSBORO, KY 42303

SUBJECT: 3:23 STAFFING SOLUTIONS, LLC

Ref. Number: W18000014072

We have received your document for 3:23 STAFFING SOLUTIONS, LLC and your check(s) totaling \$763.75. However, the document has not been filed and is being retained in this office for the following:

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return 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.

Letter Number: 018A00010696

Jenna D Harris Regulatory Specialist II

228 HAT 29 AM 6: F2



March 7, 2018

KENNY BUCKMAN 2700 CHESTNUT BEND OWENSBORO, KY 42303

SUBJECT: 3:23 STAFFING SOLUTIONS, LLC

Ref. Number: W18000014072

We have received your document for 3:23 STAFFING SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L16000223901.

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 \$638.75.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 518A00004631



February 12, 2018

KENNY BUCKMAN 2700 CHESTNUT BEND OWENSBORO, KY 42303

SUBJECT: 3:23 STAFFING SOLUTIONS, LLC

Ref. Number: W18000014072

We have received your document for 3:23 STAFFING SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L16000223901.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 318A00002959

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

IN COMPLIANCE WITH SECTION 605 6902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TLMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	SINESS IN THE STATE OF FLORIDA	1.					
1. 323 Starling Solutions,	LLC ign Limited Liability Company; mu	zt melu	do "Limited Linh	llity Company ""L.L.C.," or "I	ELC.")		
(Name of Force	ign Lumited Liability Company, ind	St mem	ac immediant	inty company			
(If name unavailable, enter alt Liability Company," "L.L.C,"	ernate name adopted for the purpos or "LLC.")	e of tra	nsacting business	in Florida. The alternate name	must include	: "Limit	:d
_ Kentucky		3.	47-1506269				
(Jurisdiction under the law (company is organized)	of which foreign limited liability			(FEI number, if applicable)			
4. February 21, 2017	(Date first transacted busine	ess in F	lorida, it prior to	registration.1			
	(See sections 605.0904 & 605	.0905.	F.S. to determine	penalty liability)			
5. 2700 Chestnut Bend							
Owensboro, KY 42303							
	(Street Address of	Princip	al Office)				
6. 2700 Chestnut Bend							
Owensboro, KY 42303						~ 3	
	(Mailing	Addres	is)				
7. Name and street addres	s of Florida registered agent: (F	°.O. Be	ox <u>NOT</u> accept	able)	36 (A) 77 (Y. Y	Ĭ
Name:	Steve Bush			_	35.7	79 (3)	2321-1 1221-1
	11532 Lake Katherine Circle						i best in a
Office Address:	Clermont			Florida 34711	1777 to	A	\$ 1
	(City)			(Zip code)		<u>۔۔</u> ق	•
Registered agent's accep			Carrage Con the	a akana statad limitad liahil	lity compan	vat the	nlace
	tance: gistered agent and to accept se tion, I hereby accept the appoin	/ /		ioeni ana miree to uci la mi	3 CH2/16C11F1		
to complywith the provisi	ons of all statutes relative to the	e prop	er and complete	e performance of my duties,	, and Lam J	amiltar	with a
accept the obligations of	my position as registered agent.	u /	Rula				
	(Regi	stered :	ngent's signature)		-		
	, ,		•				
8. The name, title or capa	acity and address of the person(:	s) who	nas/nave aumo Controlly 42303	nty to manage is are.			
Kenny Buckman, Manage	er, 2700 Chestnut Bend, Owens		Centucky 4250.				
	of existence, no more than 90 c	dave n'	d duly authenti	cated by the official having	custody of i	ccords	in the
9. Attached is a certificate furisdiction under the law	of which it is organized. (If the	certifi	cate is in a fore	ign language, a translation o	f the certific	ate und	er oath
of the translator must be s	ubmitted) , /	\neg					
	Signatu	<u> </u>			↔		
	1						
This document is execute submitted in a document t	d in accordance with section 605 o the Department of State const	nuncs a	mita acktee ie	iony as provided for in story	y false infori 1.155, F.S.	nation	
	Ve	na	1 Bu	ickmon			
	Typed o	r printe	d name of signee				

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 202966

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State.

3:23 STAFFING SOLUTIONS, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is August 5, 2014 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 24th day of May, 2018, in the 226th year of the Commonwealth.

C. STERETALTON

Alison Lundergan Grimes

dergan Orines

Secretary of State

Commonwealth of Kentucky

202966/0893750