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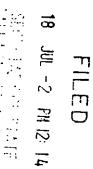
(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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K SALY JUL - 6 2018



June 20, 2018

MATT SHIRK 118 W FIFTH ST STE 201 COVINGTON, KY 41011

SUBJECT: HORIZONS HRS MANUFACTURING STAFFING II, LLC

Ref. Number: W18000028141

We have received your document for HORIZONS HRS MANUFACTURING STAFFING II, LLC and your check(s) totaling \$125.00. 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: 418A00012839

Jenna D Harris Regulatory Specialist II

www.sunbiz.org

HORIZONS HRS MFG STAFFING II, LLC

118 W 5th Street Ste 201 Covington, KY 41011 June 26, 2018

Florida Department of State Division of Corporations P O Box 6327 Tallahassee, FL 32314

Letter #:418A00010783

Dear Ms. Harris:

Enclosed please find the Ohio Secretary of State certification dated May 21,2018 in order to complete the application by a foreign Limited Liability company to transact business in Florida.

Ø

Please feel free to contact me directly if you need any further information.

Sincerely,

Sue C Iker

Tax Supervisor

HR

One Point

siker@onepointhrs.com 859-261-1742 X 154

COVER LETTER

4.0

. . .

то:	Registration Section Division of Corporatio	ns				
SUBJE		MANUFACTURING STAF	FING II, LLC			
3000		Name of	Limited Liability (Company		
					ansact Business in Florida," Certificate y company to transact business in Flori	
Please	return all correspondence	concerning this matter to the	following:			
	MATT SHIR	К				
		N	lame of Person	·		
	ONEPOINT H	RS				
		F	irm/Company			
	H8 W FIFTH	STREET STE 201				
	Address					
	COVINGTON	KY 41011				
		City/S	State and Zip Code			
	siker@onepointl	hrs.com				
		E-mail address: (to be use	d for future annual	report no	tification)	
For fur	ther information concerning	ng this matter, please call:				
	SUE IKER		859 at (261-17		
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number	
	MAILING ADDRESS: Division of Corporation: Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section Building ecutive Center Circle see, FL 32301	
Enclose	ed is a check for the follow \$125.00 Filing Fee	ving amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fcc, Certificate of Status & Certified Copy	

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:

A 47-5161789 (PEl number, if applicable) (P	name unavailable, enter alternate na	me adonted for the numose of transacting business in Fk		
Council first transaction business in Pacific, if prior to registeration	21110			Elimited Labourty Company, Lilie, of Life.)
(Street Address of Principal Office) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: INCORP SERVICES. INC. Office Address: 17888 67TH COURT NORTH LOXAHATCHEE (City) (Signed in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further outputs the obligations of my position as registered agent. (Registered agent.) The name, title or capacity and address of the prson(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name and Name	JHTO (Jurisdiction under the law of wh	ich foreign limited liability company is organized)	3. 47-3161789	(FEI number, if applicable)
(Oute for transacted by the registration, by Covered agent or progration) (Special Address of Principal Office) (Special Address of Principal Office) (OVINGTON, KY 41011) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: INCORP SERVICES, INC. Office Address: 17888 67TH COURT NORTH LOXAHATCHEE , Florida 33470 (City) (City) (City) (City) (City code) istered agent's acceptance: ing been named as registered agent and to accept service of process for the above stated limited liability company at the gnated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further unapply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent. (Registered agent's signature) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: MEMBER RONALD HEINEMAN SOLE MEMBER 118 W 5TH ST STE 201 COVINGTON, KY 41011 MANAGER MATT SHIRK CFO 18 W 5TH ST STE 201 COVINGTON, KY 41011		, , , , , , , , , , , , , , , , , , , ,		<u> </u>
(Street Address of Principal Office) COVINGTON, KY 41011 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: INCORP SERVICES, INC. Office Address: 17888 67TH COURT NORTH LOXAHATCHEE (City) (Lip code) istered agent's acceptance: (City) (Lip code) istered agent's acceptance: (City) (Lip code) istered agent's acceptance: (City) (Lip code) istered agent and to accept service of process for the above stated limited liability company at the gnated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further the obligations of my position as registered agent. Dec HHAFchee (Registered agent's signature) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: MEMBER RONALD HEINEMAN SOLE MEMBER 118 W 5TH ST STE 201 COVINGTON, KY 41011 MANAGER MATT SHIRK CFO 118 W 5TH ST STE 201 COVINGTON, KY 41011 e attachments if necessary)	1/1/2018	(1) with first transportable havings in blacks if prior to	- population transfer to	
COVINGTON, KY 41011	and the second	(See sections 605,0904 & 605,0905, F.S. to determ		
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Title or Capacity: Name and Address: Title or Capacity: Name and Address: MEMBER RONALD HEINEMAN SOLE MEMBER 118 W 5TH ST STE 201 COVINGTON, KY 41011 MANAGER MATT SHIRK CFO 118 W 5TH ST STE 201 COVINGTON, KY 41011 See attachments if necessary) See attachments if necessary		· ·		
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#18 W 5TH ST STE 201 COVINGTON, KY 41011 e attachments if necessary)	MANAGER	MATT SHIRK	CFO	
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ttached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in	ttached is a certificate	of existence, no more than 90 days old.	duly authenticated by the	official having custody of records in a
diction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under	diction under the law o	of which it is organized. (If the certificate		
te translator must be submitted)	e translator must be su	bmitted)		
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information	This document is execu	ited in accordance with section 605.020	3 (1) (b), Florida Statutes.	I am aware that any false information
mitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				
/ F/ / V / a	nitted in a document to			
[HA] [1]	nitled in a document to	14411		
Signature of an authorized person	mitted in a document to	Signature	of an authorized person	

Typed or printed name of signee



3773 Howard Hughes Parkway Suite 500S Las Vegas, NV 89169

Phone 702.866.2500 Toll-Free 800.2.INCORP (1-800-246-2677) Fax 702.866.2689

www.incorp.com

March 12, 2018

Corporations Division
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

InCorp Services, Inc., an authorized Corporate Registered Agent in Florida, whose office is located at 17888 67th Court North, Loxahatchee, FL 33470, herein consents to act as Registered Agent for **HORIZONS HRS MANUFACTURING STAFFING II**, **LLC** for purposes and services only related to the Florida Department of State.

If you have any questions, please contact me at (800) 246-2677 from 8:00 a.m. to 5:00 p.m. PST.

Sincerely,

Jackje DeFilippis, on behalf of InCorp Services, Inc.

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

18 JUL -2 PM 12:

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show HORIZONS HRS MANUFACTURING STAFFING II, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2422681, was organized within the State of Ohio on August 25, 2015, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus. Ohio this 21st day of May, A.D. 2018.

Ohio Secretary of State

for Hastel

Validation Number: 201814101822