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From:

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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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# Foreign Limited Liability Company Hire Alternatives, LLC

Certificate of Status	U
Certified Copy	1
Page Count	03
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Corporate Filing Menu

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N. CAUSSEAUX

AUG 3 2018

3

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

	THON 605.0402, FLORIDA STATUTES, THE I JSINESS IN THE STATE OF FLORIDA	FOLLOWING IS SUBMITTED TO REGIST.	ER A FOREKGN LIMITED LIABILITY
t 1			
(Name of Foreign	Y_NATIVES_LLC Limited Liability Company, mist include "Limi	ted Liability Company," "L.E.C.," or "LLC.")	
Of name unavailable, enter utiernate r	ame adopted for the purpose of transacting business in I	lunds. The alternate name must include "Limited Lisb	odny Company," "Lat. Ca" or "LLC ")
2. GEOLGIA	high foreign limited linbility company is organized)	3. <u>27-2271842</u>	er if unicable
7/21		<b>, , ,</b>	
4.	(Date first transacted business in Florida, if prior b (See sections 605 0904 & 600,0905, F.S. to deteri	o registration ) more penalty hisbility)	<del></del>
5. 315-D Poug	NA DR	6. Po Box USX	<u>3</u>
GREENSBUR	D, NC 27407	GREENSBURD	NK 27419
			<u> </u>
7. Name and street address	ss of Florida registered agent: (P.O. Bo	x NOT acceptable)	
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road		E 200 1
	Plantation	. Florida 33324	
Registered agent's accep	(Cny)	(Xip crue	
to comply with the provisi and accept the obligation.	tion, I hereby accept the appointment to the prope is of all statutes relative to the prope is of my position as registered agent.  By:  CT Corporation System	r and complete performance of my o	
	(Registered agent	( Syraise)	
8. The name, title or capa <u>Title or Capacity:</u>	icity and address of the person(s) who h	nas/have authority to manage is/are: Title or Capacity:	Nume and Address:
MEHBER/OWN	LER PETER G PAPPAS 1450 ODES XING MARIETTA GA 3006	<del>-</del>	
····			
(Use attachments if necess			
	•	dalamakan dalamakan di kacaban di Majalikan	wine annually of seconds in the
	of existence, no more than 90 days old, of which it is organized. (If the certifical abmitted)		
10. This document is execusubmitted in a document to	uted in accordance with section 605,020 the Department of State constitutes a	ird degree felony as provided for in s	that any false information .817.155, F.S.
	PETRE G. PAPP	AS	

Control Number: 10025396

## STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

# 2018 AUG -2 PH 9: 33

### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

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was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable tiling and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 16085237 Date Inc/Auth/Filed : 04/05/2010 Jurisdiction : Georgia Print Date : 08/01/2018 Form Number : 211



B: I. L.
Brian P. Kemp
Secretary of State