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**TO: Registration Section
Division of Corporations**

SUBJECT: Performance Workforce Solutions, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

James Benson

Name of Person

Performance Workforce Solutions, LLC

Firm/Company

4480 Halls Mill Rd Ste 3F

Address

Mobile, AL 36693

City/State and Zip Code

jimmy@performanceworkforce.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Benson

251

721-9303

Name of Contact Person

at (_____) _____
Area Code

Daytime Telephone Number

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 is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, 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:

1. Performance Workforce 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. Alabama 3. 82-2603206
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/16/2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4480 Halls Mill Rd Ste 3F 6. 4480 Halls Mill Rd Ste 3F
(Street Address of Principal Office) (Mailing Address)
Mobile, AL 36693 Mobile, AL 36693

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

Name: Clay Hannah
Office Address: 3355 Copter Rd #8
Pensacola, Florida 32514
(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.

Clay Hannah
(Registered agent's signature)

8. 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:
<u>PARTNER</u>	<u>JAMES BENSON</u> <u>4480 HALLS MILL RD STE 3F</u> <u>MOBILE, AL 36693</u>	<u>PARTNER</u>	<u>CLAY HANNAH</u> <u>3355 COPTER RD #8</u> <u>PENSACOLA, FL 32514</u>
<u>PARTNER</u>	<u>BARON PARTIDGE</u> <u>4480 HALLS MILL RD STE 3F</u> <u>MOBILE, AL 36693</u>		

(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 (1) (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.

James M. Benson
Signature of an authorized person

JAMES M. BENSON, JR.
Typed or printed name of signee

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John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Performance Workforce Solutions LLC was formed in Madison County, Alabama on June 21, 2017. The Alabama Entity Identification number for this entity is 394-658. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.



10/24/2018

Date

J. H. Merrill

20181024000025872

John H. Merrill

Secretary of State