

11/12/2018

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 2018-11-12 01:17:34 CST  
 Division of Corporations

19542080845 From: Ranae McGraw

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (614)280-3338  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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 TALLAHASSEE, FLORIDA

Foreign Limited Liability Company  
 Creative Staffing, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Please filing second after cover sheet, H180003249893. Thank you!

2018 NOV 13 AM 9:07

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Corporate Filing Menu

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11-14-18

# 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. Creative Staffing, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Indiana

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-2088655

(EIN number, if applicable)

4. 10/29/2018

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

5. 4101 Edison Lakes Parkway Suite 350

(Street Address of Principal Office)

Mishawaka, Indiana 46545

6. 4101 Edison Lakes Parkway Suite 350

(Mailing Address)

Mishawaka, Indiana 46545

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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.

By: James M. Halpin

(Registered agent's signature)

James M. Halpin  
Assistant Secretary

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:

Director

Jay Wilkinson

4101 Edison Lakes Pkwy Ste 350  
Mishawaka, IN 46545

Director

Ann Machado

7700 N. Kendall Dr Ste 304  
Miami, FL 33156

Director

Jeffrey Miller

4101 Edison Lakes Pkwy Ste 350  
Mishawaka, IN 46545

(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.

Jeffrey Miller

Signature of an authorized person

Jeffrey Miller, Director

Typed or printed name of signor

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18 NOV 14 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

State of Indiana  
Office of the Secretary of State

## CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

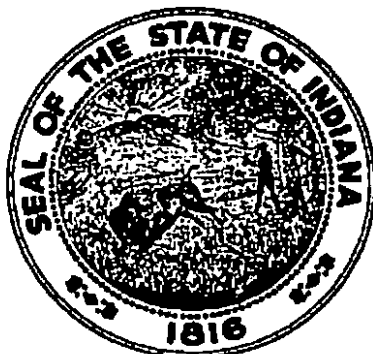
I further certify that records of this office disclose that




CREATIVE STAFFING, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 02, 2018, and was in existence or authorized to transact business in the State of Indiana on November 12, 2018.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, November 12, 2018



CONNIE LAWSON  
SECRETARY OF STATE

201810021282154 / 2018787286

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on December 12, 2018.

SECRETARY OF STATE  
TALLAMASSEE COUNTY

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