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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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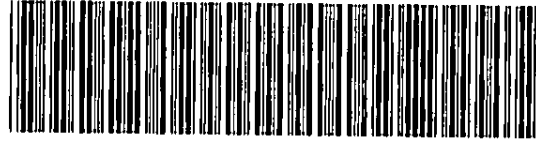
(Business Entity Name)

(Document Number)

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3/17/19

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pascoe 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:

Brody Cunningham

Name of Person

Pascoe Workforce Solutions, LLC

Firm/Company

1680 Riverdale St, Suite 922

Address

West Springfield, MA 01089

City/State and Zip Code

brody@pascoeworkforce.com

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

For further information concerning this matter, please call:

Brody Cunningham

413

209-9485

at ()

Name of Contact Person

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. Pascoe 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. Massachusetts 3. 47-1678903
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 11/02/2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1680 Riverdale St, Suite E 6. 1680 Riverdale St, Suite E
(Street Address of Principal Office) (Mailing Address)
West Springfield, MA 01089 West Springfield, MA 01089

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

Name: Corporation Service Company

Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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.

Carolyn K.
(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>President</u>	<u>Brian Pascoe</u> <u>72 Sway Dr</u> <u>Watrous Field, CT</u>		
<u>Managing Partner</u>	<u>Brody Cunningham</u> <u>4 Garden Dr</u> <u>Biddeford ME 04005</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.

Brody Cunningham
Signature of an authorized person
Brody Cunningham
Typed or printed name of signer

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DIVISION OF CORPORATIONS
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William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: November 27, 2018

To Whom It May Concern :

I hereby certify that a certificate of organization of Limited Liability Company was filed

in this office by

PASCOE WORKFORCE SOLUTIONS, LLC

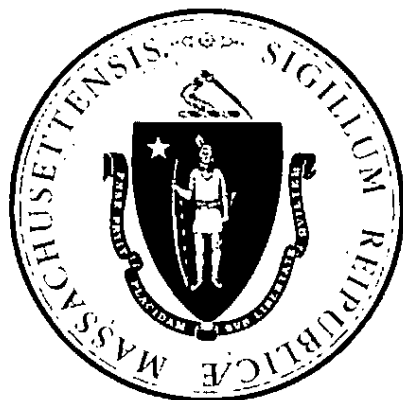
in accordance with the provisions of Massachusetts General Laws, Chapter 156C, on

August 26, 2014.

I further certify that said Limited Liability Company has not filed a Certificate of Cancellation;

that said Limited Liability Company has not been administratively dissolved; and that, so far as

appears of record, said Limited Liability Company has legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 18110478880

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: