

M18000011126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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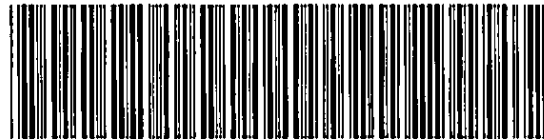
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

N CULLIGAN

DEC 11 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 27, 2018

REGINALD WALKER
238 COURTHOUSE RD
GULFPORT, MS 39507

SUBJECT: STAFF PRO MANAGED SERVICE, LLC
Ref. Number: W18000102625

We have received your document for STAFF PRO MANAGED SERVICE, 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:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with 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) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 718A00024205

2018 NOV 28 11:43 AM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Staff Pro Managed Services, 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:

Reginald Walker

Name of Person

Staff Pro Managed Services, LLC

Firm/Company

238 Courthouse Rd

Address

Gulfport, MS 39507

City/State and Zip Code

kwoodward@staffproworkforce.com

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

For further information concerning this matter, please call:

Heather Ptasehek

228

604-2180

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. Staff Pro Managed Services, 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. Mississippi 3. 82-5428547
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 06/01/2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 238 Courthouse Rd 6. 238 Courthouse Rd
(Street Address of Principal Office) (Mailing Address)
Gulfport, MS 39507 Gulfport, MS 39507

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

Name: Guido Intriago
Office Address: 900 SW 8th St
Miami, Florida 33130
(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.

Guido Intriago
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MBR</u>	<u>Reginald Walker</u> <u>23259 Stablewood Cir</u> <u>Pass Christian, MS 39571</u>	<u>MBR</u>	<u>Jose Rodriguez</u> <u>970 Glen Oaks Dr</u> <u>Pass Christian, MS 39571</u>
<u>MBR</u>	<u>Juan Silva</u> <u>PO Box 7379</u> <u>Gulfport, MS 39506</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.

Reginald G. Walker
(Signature of an authorized person)

Reginald G. Walker
(Typed or printed name of signer)

FILED
2018 DEC 11 PM 4:31
SECRETARY OF STATE
ALL ASSESSES



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

STAFF PRO MANAGED SERVICES, LLC

Registered the 25th day of April, 2018

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

238 Courthouse Road
Gulfport, MS 39507

And that the registered agent at that address is:

Jose Rodriguez

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 6th day of December, 2018

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN18060146

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>