## M18000011619

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
· · · · · · · · · · · · · · · · · · ·	siness Entity Nar	no)
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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FILED
2018 DEC 26 MM 8: 53
SECRETARY DE STORIE

N CULLIGAN
DEC 2 7 2018

## COVER LETTER

TO:	Registration Section Division of Corporations	ş	,	
SUBJI	ecr: Profo			
		Name of L	minited Liability	Company
The en Exister	closed "Application by Fore ace, and check are submitted	ign Limited Liability Compa to register the above referca	any for Authoriz need foreign lim	ration to Transact Business in Florida," Certificate of ited liability company to transact business in Florida.
Please	return all correspondence co	ncerning this matter to the f	following:	
	Jea	MIAR HON	dges	
		Naı	mevgf Person	
	Proto			
		' Fin	m/Company	
	405	or Punx	2/Cin (	Center Rd
			ridaress	
	Ham	mond, LA	70 U	103-1835
	,	City/sta	ne and Sip Code	•
		mail address: (to be used	OF ONCE	U.S. (D.M.) I report notification)
For furt	her information concerning	this matter, please call:		
	Jeanine Name of	I-lodoes Contact Person	at ( 225 Area Code	Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations			STREET ADDRESS;
	Registration Section			Division of Corporations Registration Section
	P.O. Box 6327			Clifton Building
	Tallahassee, FL 32314			2661 Executive Center Circle Tallahassee, FL 32301
Enclose	d is a check for the following	⊋ amount:		
	S125.00 Filing Fee	S130.00 Filing Fee &	T \$155.00	Filing Fee & \$160.00 Filing Fee, Certificate
		Certificate of Status		ed Copy of Status & Certified Copy



December 5, 2018

JEANINE HODGES 40507 PUMPKIN CENTER ROAD HAMMOND, LA 70403-1835

SUBJECT: PROFORCE LLC Ref. Number: W18000104824

We have received your document for PROFORCE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

I am enclosing a new Application for Limited Liability Company your application was missing information on top of application

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: 318A00024897

Division of Companylines D.O. DOV (2007, Well-bases, Electric 2001)

## COVER LETTER

UBJECT:	Protonce, L	
	Na	ame of Limited Liability Company
he enclosed "Appaintment of the control of the cont	plication by Foreign Limited Liabilit eck are submitted to register the abov	y Company for Authorization to Transact Business in Florida," Certificate of re referenced foreign limited liability company to transact business in Florida
ease return all co	orrespondence concerning this matte	r to the following:
	Jeanine	Hodges Name of Person
	Proforce, L	L C Firm/Company
	40507 Pu	amplin Center Rd Address
	- Hammond,	City/State and Zip Code
-	hodgesmail address: (10	a protorceus. CD on be used for future annual report notification)
or further inforr	mation concerning this matter, please	call:
	Jeanine Hodges Name of Contact Person	at ( 225 ) 414- 0400 Area Code Daytime Telephone Number
Division	ING ADDRESS: n of Corporations ation Section	STREET ADDRESS: Division of Corporations Registration Section
P.O. Bo		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CATION BY FO	REIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO T IN FLORIDA	FRANSACT BUSINESS
N COMPLIANCE WITH SECTOMPANY TO TRANSACT BU	TION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A F SINESS IN THE STATE OF FLORIDA:	OREIGN LIMITED LIABILITY
I. Name of Foreign I	Libited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
PF Ro	W LLC	
(11 mante disavantable, enter anemale na	me adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Cor	mpuny," "L.L.C," or "LLC.")
2. (Jurisdiction under the law of whi	that DE 3. 83-21447 3 (FEI number, if app	) Sifeable)
4. 10/15/	2018 (Date first transacted business in Florida, if prior to registration.)	
	(See sections 605,0904 & 605,0905, F.S. to determine penalty liability)	
5. 40507 F	Camplein Center Rd 6. Same (Mailing Address)	<del>-</del>
Hammor	1d, LA 70403-1835	
		- 20 - S
7. Name and street address	of Florida registered agent: (P.O. Box NOT acceptable)	FIL BOEC 2 ECREJAF
Name:	, C T Corporation System	6 A
Office Address:	1200 South Pine Island Rd	8: 53
	Plantation, Florida 33324	•
designated in this application to the comply with the provision	istered agent and to accept service of process for the above stated limited liabilion, I hereby accept the appointment as registered agent and agree to act in this us of all statutes relative to the proper and complete performance of my duties, of my position as registered agent.	capacity. I further agree
	Staphanie Ticco	

(Registered agent's signature)

8. The name, title or capacity and address of Title or Capacity:	of the person(s) whio has/have authority to manage is/are: Name and Address:		
Executive Chairman	Thomas King 1112 FM 517		
President	Alvin, TX 77511  Michael Tilly  40507 Pumpkin Center Rd		
V.P. of Finance	Hammond, LA 70403-1835 Matthew Coulter	-	
	Alvin, TX 77511 SECRETARY O	2018 DEC 26	FILE
	0 E 0 C E 0	AH 8: 53	ED
(Use attachments if necessary)  9. Attached is a certificate of existence, no moiurisdiction under the law of which it is organ	ore than 90 days old, duly authenticated by the official having custody of re	<del>c</del> cords	in the
of the translator must be submitted)	ized. (If the certificate is in a foreign language, a translation of the certification of the certification of the certification (I) (b), Florida Statutes. I am aware that any false in	ate und	er oath

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PROFORCE, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE FIFTEENTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROFORCE, LLC" WAS FORMED ON THE FIRST DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

7081745 8300
SR# 20187657767
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203906793

Date: 11-15-18