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(Requesto	or's Name)			
(Address)				
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(City/State	e/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Statu	s		
Special Instructions to Filing Officer:				
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Office Use Only



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HERRIC B. PRATHER



December 28, 2018

KASEY MINOR WORKMAN MANAGEMENT GROUP PO BOX 768 EFFINGHAM, IL 62401

SUBJECT: WORKMAN MANAGEMENT GROUP, LLC

Ref. Number: W18000110403

We have received your document for WORKMAN MANAGEMENT GROUP, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

The total amount due is \$125.00.

There is a balance due of \$25.00.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

If you have any questions concerning the filing of your document, please call (805) 245-6000.

Brenda L Vorisek Director

Letter Number: 018A00026469

COVER LETTER

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SUBJECT: _	Vorkman Manageme	
		Name of Limited Liability Company
		ign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of to register the above referenced foreign limited liability company to transact business in Florida
Please return a	Il correspondence co	oncerning this matter to the following:
	Kasey Minor	
		Name of Person
	Workman Mana	gement Group
		Firm/Company
	PO Box 768	
	<u> </u>	Address
	Effingham, IL 6	2401
		City/State and Zip Code
	kminor@workma	ngroup.com
		E-mail address: (to be used for future annual report notification)
For further info	ormation concerning	this matter, please call:
Kasey	y Minor	217 540-8589
	Name of	Contact Person Area Code Daytime Telephone Number
	LING ADDRESS: ion of Corporations	STREET ADDRESS: Division of Corporations
	tration Section	Registration Section
P.O. E	Box 6327	Clifton Building
Tallah	nassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
	heck for the followi	ng amount:
■ \$1	125.00 Filing Fee	S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Copy Certificate of Status Certified Copy S160.00 Filing Fee, 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 SUBMITITED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Workman Management Group, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Iff 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.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 1/1/2019 (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 9800 Walzer Court PO Box 768 (Street Address of Principal Office) (Mailing Address) Windermere, FL 34786 Effingham, IL 62401 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee (City) 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

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.

Sarah Thomas,
Assistant Secretary

(Registered agent's prenature)

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(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.

Signature of an authorized person

Curt Frost

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "WORKMAN MANAGEMENT GROUP, 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 SIXTEENTH DAY OF JANUARY, A.D. 2019.



Authentication: 202088528

Date: 01-16-19