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(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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MAR 0 7 2019 D CUSHING Registration Section Division of Corporations

TALENT ACQUISITION SERVICES, LLC

SUBJECT: _		Name of Limi	ited Liability	Company	
				ation to Transact Business in Florida," ted liability company to transact busin	
Please return a	all correspondence con	cerning this matter to the follo	owing:		
	ANDRE DILLAR	D			
	Name of Person				
	TALENT ACQUISITION SERVICES, LLC				
	Firm/Company				
	401 E JACKSON	ST SUITE 2340			
	Address				
	TAMPA, FL 33602				1.5
City/State and Zip Code ANDRE45DILLARD@YAHOO.COM					9 860 -
r c		-mail address: (to be used for	future annua	report notification)	·
	ormation concerning to	his matter, please call:	954	661-6346	OF STATE
		aiai		_)	10HS
Divis Regis P.O.	LING ADDRESS: stion of Corporations stration Section Box 6327 hassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Pleas	osed is a check for the se make check payable \$125,00 Filing Fee	following amount: to: FLORIDA DEPARTMF \$130.00 Filing Fee & Certificate of Status	\$155.00	TE Diffiling Fee & S160,00 Filing fied Copy of Status & Cer	



February 28, 2019

ANDRE DILLARD 401 E. JACKSON ST., SUITE 2340 TAMPA, FL 33602

SUBJECT: TALENT ACQUISITION SERVICES LLC

Ref. Number: W19000020121

We have received your document for TALENT ACQUISITION SERVICES LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6051.

Letter Number: 519A00004278

Stacy Prather Regulatory Specialist III

www.sunbiz.org

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: TALENT ACQUISITION 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.") STATE OF COLORADO (Jurisdiction under the law of which foreign limited liability company is organized) 02/13/2019 (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605 0905, F.S. to determine penalty liability) 401 E JACKSON ST SUITE 2340 3921 NW 4TH CT (Street Address of Principal Office) (Mading Address) COCONUT CREEK FL 33066 **TAMPA FL 33602** 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) ANDRE DILLARD Name: 3921 NW 4TH CT Office Address: COCONUT CREEK __ , Florida (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 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.

Andre Dellas

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: ANDRE DILLARD ■ Manager Manager Address: 401 E JACKSON ST. Address: ____ Member ■ Member **SUITE 2340** Authorized Authorized TAMPA, FL 33602 Person Person Other_____ Other Other Other Manager Name: _____ Manager Name: _____ Member Address: Member Address: Authorized Authorized Person Person Other____ Other Other Other_____ Manager Manager Name: _____ Member | Member Address: ____ ___ ____ Address: Authorized ■ Authorized Person Person Other____ Other ____ Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 felous as provided for in s.817.455, F.S. Andre Delland Signature of an authorized person

Typed or printed name of signee

ANDRE DILLARD

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Talent Acquisition Services, LLC

is a

Limited Liability Company

formed or registered on 07/21/2004 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20041255228.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/12/2019 that have been posted, and by documents delivered to this office electronically through 02/13/2019 (a) 10:01:54.

Thave affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 02/13/2019 @ 10:01:54 in accordance with applicable law. This certificate is assigned Confirmation Number 11389121



Secretary of State of the State of Colorado

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Notice, A certificate issued electronically from the Colorado Secretary of State's Web site is July and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate of Certificate page of the Secretary of State's Web site, http://www.sox.state.com/sbz/Certificatesach/Criticia do entering the certificate's confirmation ramber displayed on the certificate ond following the instructions displayed. Confirming the instructe of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sox.state.com/click/#Branesses, trademarks, trade name?" and select "Frequently Asked Questions."