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2013 AFR -8 PM 2: 55

### «COVER LETTER

TO: Registration Section Division of Corporations Greenleaf HR, LLC SUBJECT: 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: Jamie Hodges Name of Person Greenleaf HR, LLC Firm/Company 2600 W. Geronimo PL, #100 Compliance Dept Address Chandler, AZ 85224 City/State and Zip Code businessregistration@vensure.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 993-2650 Jamie Hodges Name of Contact Person Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

\$155.00 Filing Fee &

Certified Copy

\$160.00 Filing Fee, Certificate of Status & Certified Copy

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$130,00 Filing Fee &

Certificate of Status

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate m	ime adopted for the purpose of transacting business in Fl	orida. The alternate nair	ne must include "Limited Liability	Company," "L.L.C." or "LL	
Delaware	aware irisdiction under the law of which foreign limited liability company is organized)		83-2342235 3. (FEI number, if applicable)		
(Jurisdiction under the law of wh	nch foreign limited liability company is organized)	(FEI number, if applicable)			
n/a					
	(Date first transacted business in Florida, if prior to (See sections 805,0804 & 805,0805, F.S. to detern	o registration.) nine penalty liability)		_	
2600 W. Geronimo Pl., #100  18treet Address of Principal Office)			v. Geronimo Pl., #100		
(Street Address of P	(incipal Office)		(Mailing Address)	)	
Chandler, AZ 85224		Chandl ———	er, AZ. 85224		
				S 50	
Name and street address	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptat	ile)	APR -	
Name:	Cogency Global Inc.				
Office Address:	115 N. Calhoun St., #4			2: 56 Carrier	
	Tallahassee		32301 . Florida		
	(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.

Adam Triana
Assistant Secretary
(Registered agent's signature)

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: Kara Childress Name: Alex Campos Manager Manager Manager Address: 2600 W. Geronimo Pl., #100 Address: 2600 W. Geronimo Pl., #100 ■ Member ■ Member Chandler, AZ 85224 Chandler, AZ 85224 ■Authorized Authorized Person Person Other Other\_\_\_\_ Other\_\_\_ Other\_\_\_\_\_ Name: \_ Eric Vogelsberg Manager Manager Name: \_\_\_\_ Address: 2600 W. Geronimo Pl., #100 **■**Member Member | Address: \_\_\_\_ Chandler, AZ 85224 ■Authorized Authorized Person Person Other\_\_\_\_ Other\_ Other\_ Manager Manager Name: Address: ☐ Member ☐ Member Address: \_\_\_\_ Authorized Authorized Person Person Other\_ 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 felony as provided for in \$.817.155, F.S. grature of an authorized person

Alex Campos

Typed or printed name of signee

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# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GREENLEAF HR, 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 SIXTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GREENLEAF HR, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2018.

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

Authentication: 203844961

Date: 11-06-18

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