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Account#: I20000000088

		ACCOUNT#. 12000000	30000
Date:	06/11/2019		
Name:	Jennifer Bialowas		
Reference #:			
	ļ	ADVANCE II, LLC	_
✓ Article	s of Incorporation/Authori	ization to Transact Business	
☐ Amend	e of Agent		D (10) 10
_	atement	Dheuse retain file date	
☐ Conve	rsion	the date	
☐ Merge	r		
☐ Dissol	ution/Withdrawal		
☐ Fictitio	us Name		
✓ Other_	Upon filing please pro	vide a certificate of status and certificate of state	us
Authorized Ai		I	

COGENCY GLOBALING 10 F 401<sup>st</sup> ST, 10<sup>th</sup> FT, NY, NY 10016 D: +1.212.947.7200 P: 800.221.0102 F: 800.944.6607

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Account#: I20000000088 Date: \_\_\_\_\_06/11/2019 Jennifer Bialowas Name:\_\_\_ 1093685 Reference #: Entity Name:\_\_\_ ADVANCE II, LLC Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Deux relain original Reinstatement Conversion ☐ Dissolution/Withdrawal ☐ Fictitious Name Upon filing please provide a certificate of status and certificate of status Authorized Amount:



June 11, 2019

COGENCY

SUBJECT: ADVANCE II, LLC Ref. Number: W19000055420

We have received your document for ADVANCE II, LLC and your check(s) totaling \$. 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.

Brooke N Kinsey Regulatory Specialist II

Please hetain original file date.

Letter Number: 919A00011617

## COVER LETTER

	Registration Section Division of Corporations	
UBJEC	Advance II, LLC	
	Name of Limited Liability Company	
	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," C , and check are submitted to register the above referenced foreign limited liability company to transact busines	
lease ret	urn all correspondence concerning this matter to the following:	
	Rachel Cattron	
	Name of Person	
	Advance Employment Services, LLC	
	Firm/Company	
	2321 Club Meridian Drive, Suite B	
	Address	
	Okemos, MI 48864	
	City/State and Zip Code	_
	rcattron@apteam.com	ل <u>وا</u>
	E-mail address: (to be used for future annual report notification)	ui kitif 6
or furth		5 ;
	Rachel Cattron 517 908-4777 at ( )	4 : 6 HW
•	Name of Contact Person Area Code Daytime Telephone Number	∓ F
	MAILING ADDRESS:  Division of Corporations Registration Section P.O. Box 6327 Clifton Building Fallahassee, FL 32314 Clifton Building Tallahassee, FL 32301	7
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE	
	S125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee \& \Bigcup \\$155.00 Filing Fee \& \Bigcup \\$160.00 Filing Fee \& \Certificate of Status \\ Certified Copy  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:

Advance II, LLC						
(Name of Foreign	Limited Liability Company; must include "Limi	ted Liability	Company," "L.L.C.," or "LLC.")			_
(Congressionalishles enter alternate un	une adopted for the purpose of transacting business in F	lorida. The alte	tenate rame must include "Limited Liabil	ity Comment " "I	[ (" " or "]	<u></u> .
Michigan	nic anopies for the purpose of narracting occurs in a		83-4530651	iny Company, 12	LC, W L	٠
(Jurisdiction under the law of which foreign limited liability company is organized)		3.	(FEI number, if applicable)			
4.						
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to deter-	o registration.) mine penalty li	ability)			
2321 Club Meridian Drive, Suite B     (Street Address of Principal Office)		6.	321 Club Meridian Drive, Suite B (Mailing Address)			
			(Mailing Addre	<u>ss)</u>		_
Okemos, MI 48864		•	Okemos, MI 48864			
		-		FALL	19	
7. Name and street address	s of Florida registered agent: (P.O. Bo	ox <u>NOT</u> a	cceptable)	# - A		_ ;-
Name:	Cogency Global, Inc.				AM 9:	ř.
Office Address:	115 North Calhoun Street, Suite 4				84:6	
	Tallahassee		32301 , Florida			
,	(City)		(Zip code	)		

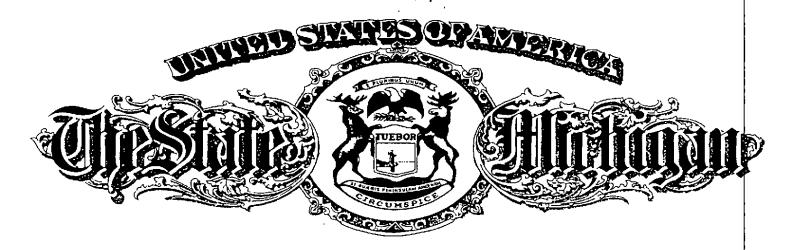
Registered agent's acceptance:

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.

(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: Blaine S. Schultz Name: Shelley Mitchell Manager Manager Manager 4496 Oakwood Address: Address: 1311 Stamford Avenue Member ■ Member Okemos, MI 48864 Kalamazoo, MI 49048 Authorized Authorized Person Person Other\_ Other Other Other Manager Manager Manager 2321 Club Meridian Drive Member | Member Address: Suite B Authorized Authorized Okemos, MI 48864 Person Person Other Other Other\_ Manager Manager Name: \_\_\_\_\_ Name: Member Address: \_\_\_\_ ☐ Member 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 felony as provided for in s.817.155, F.S. Signature of an authorized person Rachel Cattron

Typed or printed name of signee



## Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That ADVANCE II, LLC

was validly authorized on April 22, 2019, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 11th day of June, 2019.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

Certificate Number: 19063497430