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2019 JUN 24 AM 11:45  
CLERK OF DISTRICT COURT  
TALLAHASSEE FLORIDA

D. BRUCE  
JUL 06 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Inspired Staffing, LLC  
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:

Lori Arnold  
Name of Person

Spencer Fane LLP  
Firm/Company

1000 Walnut Street, Suite 1400  
Address

Kansas City, MO 64106  
City/State and Zip Code

larnold@spencerfane.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Arnold at ( 816 ) 292-8243  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 JUN 24 AM 11:45

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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:

1. Inspired Staffing, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Kansas  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FBI number, if applicable)

4. June 1, 2019  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7240 W. 98th Terrace  
(Street Address of Principal Office)

6. 7240 W. 98th Terrace  
(Mailing Address)

Overland Park, KS 66212

Overland Park, KS 66212

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue, 2nd Floor

Tallahassee, Florida 32301  
(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.

By: \_\_\_\_\_  
(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]:


<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Bradley Berger</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Jayson Kuti</u>
<input type="checkbox"/> Member	Address: <u>7240 W. 98th Terrace</u>	<input type="checkbox"/> Member	Address: <u>7240 W. 98th Terrace</u>
<input type="checkbox"/> Authorized	<u>Overland Park, KS 66212</u>	<input type="checkbox"/> Authorized	<u>Overland Park, KS 66212</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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CLERK OF DISTRICT COURT  
JANUARY 1, 2019  
STATE OF FLORIDA

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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

Bradley Berger  
\_\_\_\_\_  
Typed or printed name of signer

**FOREIGN LIMITED LIABILITY COMPANY  
STATEMENT OF ACCEPTANCE OF APPOINTMENT  
BY DESIGNATED INITIAL REGISTERED AGENT**

Complete Box 1 if the Registered Agent is an individual.  
Complete Box 2 if the Registered Agent is a corporation, limited liability company or partnership.  
Only complete the applicable box.

**Box 1-Individual as Registered Agent**

I, \_\_\_\_\_  
(Registered Agent's Printed Name)  
hereby acknowledge that the undersigned individual accepts the appointment as Initial Registered Agent  
of \_\_\_\_\_  
(LLC's Name)  
the Limited Liability Company which is named in the application.  
By \_\_\_\_\_  
(Registered Agent's Signature)

**Box 2-Entity as Registered Agent**

I, Krista Abair Assistant Secretary  
(Authorized Person's Printed Name) (Authorized Person's Title)  
of Capitol Document Services, Inc.  
(Registered Agent/Entity's Name)  
hereby acknowledge that the undersigned individual accepts the appointment as Initial Registered Agent  
of INSPIRED STAFFING, LLC  
(LLC's Name)  
the Limited Liability Company which is named in the application.  
By Krista Abair Krista Abair, Asst Sec on behalf of  
(Registered Agent's Signature) Capitol Document Services, Inc.

FILED  
2019 JUN 24 AM 11:45  
CLERK OF SUPERIOR COURT  
JANNA K. SEC. FLEMMING

**STATE OF KANSAS  
OFFICE OF  
SECRETARY OF STATE  
SCOTT SCHWAB**

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 9217548

Entity Name: INSPIRED STAFFING, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: SPENSERV, INC.

Registered Office: 9401 Indian Creek Parkway Building 40, Suite 700, OVERLAND PARK, KS 66210

was filed in this office on November 13, 2018, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of May 10, 2019

**SCOTT SCHWAB  
SECRETARY OF STATE**

Certificate ID: 1101834 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/fllow/validate> and enter the certificate ID number.