

W19000008039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

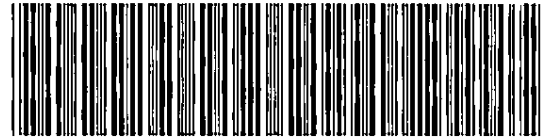
(Document Number)

Certified Copies _____ Certificates of Status _____

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W1900000689101

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07/22/19--01019--020 **125.00

Y SCOTT

AUG 22 2019

TALLAHASSEE, FLORIDA
2019 AUG 19 PM 4:31

✓

SURGE

"I love what I do!"®

August 15, 2019

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: *Foreign Limited Liability Company Filing – Surge Staffing, LLC*

Per the instructions contained in the enclosed letter, please find a corrected and complete foreign limited liability company filing for Surge Staffing, LLC.

Should you require any additional information, please do not hesitate to contact me at (614) 431-5100 x 3254. Thank you.

Sincerely,



Robert G. Parker, Esq.
Assistant General Counsel



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2019

ROBERT G. PARKER
1110 MORSE RD.
COLUMBUS, OH 43229

SUBJECT: SURGE STAFFING, LLC
Ref. Number: W19000068901

We have received your document for SURGE STAFFING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Yvette Scott
Document Specialist II

Letter Number: 919A00015485

RECEIVED

AUG 19 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Surge 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:

Robert G. Parker

Name of Person

Surge Staffing, LLC

Firm/Company

1110 Morse Rd.

Address

Columbus, OH 43229

City/State and Zip Code

legal@surgestaffing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert G. Parker

614

431-5100

Name of Contact Person

at (_____) _____

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

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. Surge 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. Alabama 3. 27-0318075
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Has not yet transacted business in Florida
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3870 8th St. 6. 1110 Morse Rd.
(Street Address of Principal Office) (Mailing Address)
Orlando, FL 32827 Columbus, OH 43229

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

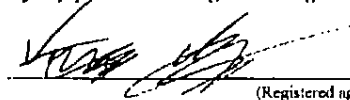
Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(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.


Vincent Rojo on behalf of InCorp Services, Inc.
(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:**

☐ Manager Name: Ryan Mason

☒ Member Address: 1110 Morse Rd.

☐ Authorized Person Columbus, OH 43229

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized Person _____

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

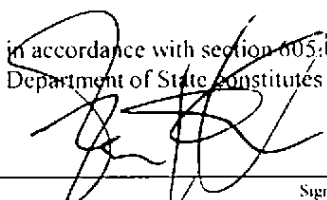
☐ Authorized Person _____

☐ Other ☐ Other

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

Ryan Mason, member

Typed or printed name of signer

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Surge Staffing, LLC was
formed in Madison County, Alabama on June 8, 2009. The Alabama Entity
Identification number for this entity is 434-851. I further certify that the records do
not disclose that said entity has been dissolved, cancelled or terminated.

2019 AUG 19 PM 4:31
TALLAHASSEE, FLORIDA



20190502000005782

**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

05/02/2019

Date

J. H. Merrill

John H. Merrill

Secretary of State