

10/2/2019

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
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Account Name : C T CORPORATION SYSTEM  
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**Foreign Limited Liability Company  
Staffing Connection, LLC**

Certificate of Status	0
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OCT-1-1-2019

M. SOLOMON

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Corporate Filing Menu

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2019 OCT -2 AM 10:16

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Staffing Connection, LLC

(Name of foreign limited liability company, must include "Limited Liability Company," "L.L.C.," or "LLC")

Staffing Connection - CLI, 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")

2. Delaware

(Jurisdiction under the laws of which foreign limited liability company is organized)

3.

(FEF number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration)  
(See sections 603.0904 & 603.0905, F.S. to determine penalty liability.)

624 Nottingham Boulevard

5. (Street Address of Principal Office)

West Palm Beach, FL 33405

624 Nottingham Boulevard

6. (Mailing Address)

West Palm Beach, FL 33405

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

Name:

Corporate Creations Network Inc.

Office Address:

11380 Prosperity Farms Road, #221E

Palm Beach Gardens

(City)

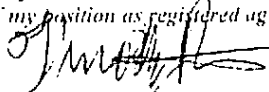
, Florida

33410

(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.



Timothy Pratt, Special Secretary

(Registered agent's signature)

2010 OCT -2 AM 10:10

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: WO Partners, LLC

☒ Member Address: 4779 Collins Avenue

☐ Authorized Suite 4405

Person Miami Beach, FL 33140

☐ Other                      ☐ Other                     

Title or Capacity: Name and Address:

☐ Manager Name: *[Signature]*

☐ Member Address:                     

☐ Authorized                     

Person                     

☐ Other                      ☐ Other                     

☐ Manager Name:                     

☐ Member Address:                     

☐ Authorized                     

Person                     

☐ Other                      ☐ Other                     

☐ 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.

*Kevin J. O'Keefe*  
Signature of an authorized person

Kevin J. O'Keefe  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STAFFING CONNECTION, 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 TWENTIETH DAY OF SEPTEMBER, A.D. 2019.

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



7605086 8300

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203634398