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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
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COVER LETTER

TO:	legistration Section Division of Corporations							
SUBJE	Outsourced Associates & Staffing, LLC							
	Name of Limited Liability Company							
	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florid and check are submitted to register the above referenced foreign limited liability company to transact bu							
Please re	urn all correspondence concerning this matter to the following:							
	Ben Nelson							
Name of Person								
	NOW CFO, LLC							
	Firm/Company							
	5251 S. Green Street, Suite 350							
	Address							
	Murray, UT 84123							
	City/State and Zip Code							
	bnelson@nowcfo.com							
	E-mail address: (to be used for future annual report notification)		24. •					
For furt	r information concerning this matter, please call:	2819 OCT	<u>.</u> 					
	Ben Nelson 801 664-0971 31	3 5 F	₹84.					
	Name of Contact Person Area Code Daytime Telephone Number	·	ě :					
	AAILING ADDRESS: Division of Corporations Division of Corporations Division of Corporations Division of Corporations Registration Section Clifton Building Callahassee, FL 32314 Clifton Building Callahassee, FL 32301	<u>~</u> :						
		ng Fee, Certificat Certified Copy	te					

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. Outsourced Associates						
(Name of Foreign	Limited Liability Company; must include "Limited Liab	lity Company," "L	.,L.C.," or "LLC.")			-
If name unavailable, enter alternate re	ame adopted for the purpose of transacting business in Florida. Th	e alternate name must	include "Limited Liability Co	ompany," "L.L.	C," or "LL	
Utah 2.		45-4880429				
(Jurisdiction under the law of wh	hich foreign limited liability company is organized)	3	(FEI number, if a	oplicable)	· · · · · · · · · · · · · · · · · · ·	-
October 1, 2019						
·	(Date first transacted business in Florida, if prior to registrat (See sections 603,0904 & 605,0905, F.S. to determine pena	ion) Ity liability)		-		
5251 S. Green Street		5.				
(Street Address of F	Principal Office)	J	(Mailing Address)			-
Suite 350						
Murray, UT 84123						-
With 14123					P.5	-
7. Name and street addres	ss of Florida registered agent: (P.O. Box <u>NO</u>	l' acceptable)			0 618	وستهما
					ET I	Batanan Characan
Name:	Jim Bennett				6 -	Erriya .
	701 S. Howard Avenue, Suite 106-353			•	P	
Office Address:	701 3. Howard Avenue, State 100-333				: 2	•
	Tampa	Class	33606	•		
	(City)	, Flor	(Zip code)	_		
lesignated in this applica to comply with the provisi	stance: Transce: Transce: Transce and to accept service of proce Transce and to accept the appointment as regions of all statutes relative to the proper and to the proper and the statutes registered agent.	stered agent at	nd agree to act in th	is capacity	. I furt	her agre
	SMA					
	Registered agent's signatur	c)				

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: Title or Capacity: Name and Address: Name and Address: Name: ___ Jim Bennett Manager Manager Name: 5251 S. Green Street ☐ Member Member Address: Suite 350 Authorized Authorized Murray, UT 84123 Person Person Other_ Other_____ Other Other Manager Name: Manager Manager Name: Member Address: Member | Address: Authorized Authorized Person Person Other Other Other____ Other Manager Name: _____ ■ Manager Name: Member Address: ☐ Member 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 s.817.155, F.S. Jim Bennett

Typed or printed name of signee



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

10/02/2019 8254165-016010022019-407915

CERTIFICATE OF EXISTENCE

Registration Number:

8254165-0160

Business Name:

OUTSOURCED ASSOCIATES & STAFFING, LLC

Registered Date:

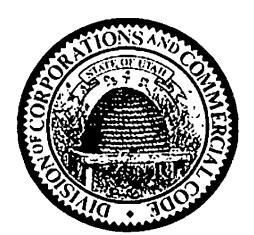
March 05, 2012 LLC - Domestic

Entity Type:

C ...

Status: Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Chan I ship

Jason Sterzer
Director
Division of Corporations and Commercial Code