	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-U	P WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Cenified Copies	Certificates of Statu	s			
Special Instructions to Filing Officer:					

Office Use Only



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T GLASS JAN 0 2 2029 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 103163 7353774

AUTHORIZATION :

COST LIMIT : \$\begin{aligned} \textbf{7.5} \\ \text{0.00} \\ \text

ORDER DATE: December 16, 2019

ORDER TIME : 8:39 PM

ORDER NO. : 103163-001

CUSTOMER NO: 7353774

FOREIGN FILINGS

NAME: LEAPROS WORKFORCE SOLUTIONS

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

2:10 _ 30 ... N: 2

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:

(Name of Foreign	Limited Liability Company; must include "Limi	ted Liability Compan	ny," "L.L.C.," or "LLC.")		
If name unavailable, enter alternate is	ame adopted for the purpose of transacting business in F	lorida. The alternate nan	ne must include "Limited Liability Compan	y," "L.L.C," or "LLC."	
California				•	
(Jurisdiction under the law of which foreign limited liability company is organized)		3	(FEI number, if applicable)		
Upon filing					
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to deter	o registration.) mine penalty liability)	 		
21020 Pacific City Cir, Unit 2318 (Street Address of Principal Office)			(Mailing Address)		
(Street Address of F	rincipal Office)		(Mailing Address)		
Huntington Beach, C	A 92648				
			- ·	70	
Name and street addres	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptab	ole)	2019 0 13	
				(-; (၁	
Name:	Corporation Service Company			0	
Office Address:	1201 Hays Street			T:: 10:	
227.22.2001	Tallahassee		32301	: 23	
	(City)	,	, Florida(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.

Corporation Servica Company U

Roxanne Turner Asst. Vice President

(Registered agent's signature)

manage [up to six (6	Name and Address:	Title or Capacity	<u>/:</u>	Name and Address:
☐ Manager	Name: Joseph R. Ruiz	Manager	Name:	
Member	Address: 21020 Pacific City Cir	☐ Member	Address:	
Authorized	Unit 2318	Authorized		
Person	Huntington Beach, CA 92648	Person		
Other	Other	Other		Other
Manager	Name:	☐ Manager	Name:	
☐Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other_
□Manager	Name:	Manager	Name:	
Member	Address:	☐ Member	Address:	<u>.</u>
Authorized		Authorized Authorized		23
Person		Person		
Other	Other	Other		Other
9. Attached is a cert jurisdiction under the of the translator must	s executed in accordance with section 605.0203 ment to the Department of State constitutes a thi	orida Department of Standuly authenticated by the is in a foreign language (1) (b), Florida Statute	ite Annual Rep ne official havinge, a translation es. I am aware t	ort form. ng custody of records in the of the certificate under oath that any false information
	Joseph Puiz	ot art actionized person		

Typed or printed name of signee

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: LEAPROS WORKFORCE SOLUTIONS LLC

FILE NUMBER: FORMATION DATE: 201321910245

08/05/2013

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

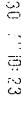
STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

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





IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 20, 2019.

> ALEX PADILLA Secretary of State

> > RML