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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)							
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TO: Registration Section Division of Corporations
SUBJECT: Carolinas Total Staffing Solutions 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:
Laura Egelhoff Name of Person
Carolinas Total Staffing Solutions LL
2514 River Road Suite 101
Piedmont, SC 29673 City/State and Zip Code
Legelhoff @ Carolinas+ss. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Laura Egelhoff at (804), 559-1205 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, F1, 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$\Begin{array}{ c c c c c c c c c c c c c c c c c c c

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  1. CATO LINAS TOTAL STATEMENT SOLUTIONS LLC  (Name of Foreign Limited Liability Company: must include "Limited Liability Company." "L.L.C." or "L.L.C.")
di nanc mayorlable, enter alternate nance adopted for the purpose of transacting business in Florida. The alternate nance must include "Limited Faiblity Company," "E.F.C." or
4. (Date first transacted business in Florida, if prior to registration) (See sections 605,0904 & 605,0904 & 605,0905, F.S. to determine penalty hability)  5. 170458 2nd Terraco 6.2514 River Road
Cape Caral, FL 33990  Suite 101  Piedmont, SC 29673
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: Jesus Edwin (orrea Office Address: 1704 SE 2nd Terrace (ape Coral Borida 33990
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 perfupiance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
(Registered acons soundture)

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:	Title or Capacity:		Name and Address:
Manager	Name Laura Egelhoff	Manager	Name:	
Member	Address: 2514 RNer Rd.	☐ Member	Address:	
Authorized	Suite 101	Authorized		
Person	Piedmont, SC 291073	Person		
Other	Other	Other	-	Other
Manager	Name: Karina Phillips	☐ Manager	Name	
Member	Address: 2514 River Rd.			
Authorized	Suite 101	☐ Authorized		
Person	Pildmont, SC 29673	Person		
Other		Other		Other
	Name: Adrianna Phillips			
<u>C</u> ∧lanager —	Address: 2S14 River Rd.	Manager		
Member		Member	Address:	
Authorized	Suite 101	Authorized		
Person	Predmont, SC 29673	Person		
Othei	Other	Other		Other

<u>Important Notice.</u> 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.

Laura L. Egethot

Typed of J inted name of signer

## The State of South Carolina



### Office of Secretary of State Mark Hammond

#### Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

CAROLINAS TOTAL STAFFING SOLUTIONS, LLC, a limited liability company duly organized under the laws of the State of South Carolina on September 26th, 2018, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 29th day of October, 2018.

Mark Hammond, Secretary of State