

NR00000000126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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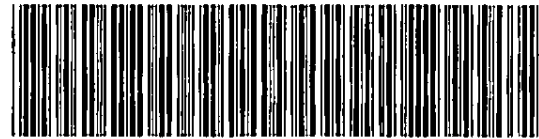
(Business Entity Name)

(Document Number)

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✓

COVER LETTER

TO: Registration Section
Division of Corporations

OneSource Employee Management, LLC

SUBJECT: _____
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 Butts

Name of Person

OneSource Employee Management

Firm/Company

11935 Mason Montgomery Rd. Ste. 200

Address

Cincinnati, OH 45249

City/State and Zip Code

bbutts@onesourceem.com

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

2019 DEC -2 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Robert Butts

513

453-4328

at (_____) _____

Name of Contact Person

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 REREGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. OneSource Employee Management, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLA")

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 "LLA."

2. Ohio

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

27-0533371

3.

(F.E.I. number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 11935 Mason Montgomery Rd. Ste. 200

(Street Address of Principal Office)

6.

11935 Mason Montgomery Rd. Ste. 200

(Mailing Address)

Cincinnati, OH 45249

Cincinnati, OH 45249

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

Name: URS Agents, LLC.

Office Address: 3458 Lakeshore Dr.

Tallahassee, FL 32312

(City)

32312

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.

Amy Purdy, Assistant Secretary

By: Amy Purdy

(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: Todd Riley

☐ Member Address: _____

☐ Authorized 11935 Mason Montgomery Rd. Ste. 200

Person Cincinnati, OH 45249

☒ Other President ☐ Other _____

☐ Manager Name: Dave Young

☐ Member Address: _____

☐ Authorized 11935 Mason Montgomery Rd. Ste. 200

Person Cincinnati, OH 45249

☒ Other CEO ☐ Other _____

☐ Manager Name: Eric Goetde

☐ Member Address: _____

☐ Authorized 11935 Mason Montgomery Rd. Ste. 200

Person Cincinnati, OH 45249

☒ Other CFO ☐ Other _____

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

☐ Manager Name: Robert Butts

☐ Member Address: _____

☐ Authorized 11935 Mason Montgomery Rd. Ste. 200

Person Cincinnati, OH 45249

☒ Other VP Risk ☐ 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

Robert Butts

Typed or printed name of signer

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ONESOURCE EMPLOYEE MANAGEMENT, LLC, a Delaware For Profit Limited Liability Company, Registration Number 1868280, filed on July 7, 2019, is currently in FULL FORCE AND EFFECT upon the records of this office.

FILED
2019 OCT 3 PM 2:20
OFFICE OF THE SECRETARY OF STATE
COLUMBUS, OHIO
STATE OF OHIO
F. FLORIDA



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 3rd day of October, A.D. 2019.*

Frank LaRose

Ohio Secretary of State

Validation Number: 201927603102