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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

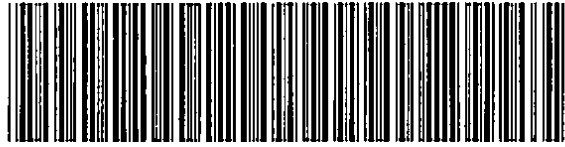
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COVER LETTER

TO: Registration Section
Division of Corporations

Double E Workplace Solutions 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:

Shannon Stahlin

Name of Person

Direct Inc.

Firm/Company

PO Box 7089

Address

Ann Arbor, MI 48107

City/State and Zip Code

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

For further information concerning this matter, please call:

Shannon Stahlin

877

281-6496

Name of Contact Person at (_____) _____
Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Double E Workplace Solutions LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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."
Wisconsin

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

3. (FEI number, if applicable)

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

1317 California Street

1317 California Street

(Street Address of Principal Office)

Tallahassee, FL 32304

6. (Mailing Address)

Tallahassee, FL

32304 US

32304 US

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

Universal Registered Agents, Inc.

Name:

1317 California Street

Office Address:

Tallahassee

32304

, Florida

(City)

(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.

(Registered agent's signature)

3. 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: Edward J. Egan

☐ Member

Address: 1317 California Street

☒ Authorized

Tallahassee, FL

Person

32304 US

☐ Other

☐ Other

Title or Capacity:

Name and Address:

☐ 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

☐ 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.

Edward J. Egan

Signature of an authorized person

Edward J. Egan

Typed or printed name of signee

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Patti Epstein, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

DOUBLE E WORKPLACE SOLUTIONS LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is June 07, 2019.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on October 26, 2020.

A handwritten signature in cursive script that reads "Patti Epstein".

PATTI EPSTEIN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions



DFI/Corp/33

To validate the authenticity of this certificate

visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: **278594-A5D114ED**

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IN FLORIDA

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Wisconsin

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

3. (FEI number, if applicable)

(Date first transacted business in Florida, if prior to registration.)
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(Registered agent's signature)

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Edward J. Egan	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1317 California Street	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Tallahassee, FL	<input type="checkbox"/> Authorized	_____
Person	32304 US	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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Edward J. Egan

United States of America

State of Wisconsin

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Division of Corporate & Consumer Services



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Division of Corporate and Consumer Services
Department of Financial Institutions



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