

M21000000575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

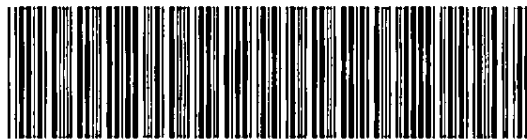
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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1/14/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HR PLUS, 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:

MATT SHIRK
Name of Person
HR PLUS, LLC
Firm/Company
118 W FIFTH STREET STE 201
Address
COVINGTON, KY 41011
City/State and Zip Code
mshirk@onepointhrs.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matt Shirk at (859) 261-1742
Name of Contact Person 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

2007-10-10 10:00 AM

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. HR PLUS, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

HR Plus Advantage 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")

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

3. 26-2015657
(FEI number, if applicable)

4. 1/1/2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 118 W FIFTH ST STE 201
(Street Address of Principal Office)
COVINGTON, KY 41011

6. 118 W FIFTH ST STE 201
(Mailing Address)
COVINGTON, KY 41011 INCORP

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

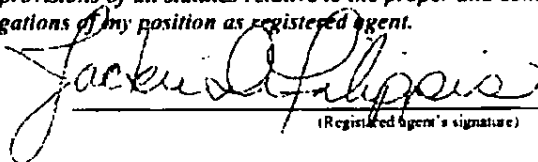
Name: InCorp Services, Inc.

Office Address: 17888 67TH COURT NORTH

LOXAHATCHEE Florida 33470
(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)

Jackie DeFilippis on behalf of InCorp Services, Inc.

FILED
2021
FEB 11
11:31 AM
TALLAHASSEE

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: Manager **Name and Address:** Name: STEPHEN ROUX
 Address: 118 W FIFTH ST STE 201
 COVINGTON, KY 41011
 Authorized Person
 Other

Title or Capacity: Manager **Name and Address:** Name: MATT SHIRK
 Address: 118 W FIFTH ST STE 201
 COVINGTON, KY 41011
 Authorized Person
 Other

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____

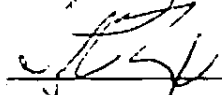
Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 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
 STEPHEN ROUX

 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 HR PLUS, LLC, an Ohio Limited Liability Company, Registration Number 1757511, was organized within the State of Ohio on February 12, 2008, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 29th day of December, A.D. 2020.

Frank LaRose

Ohio Secretary of State

Validation Number: 202036404210