

M21000001778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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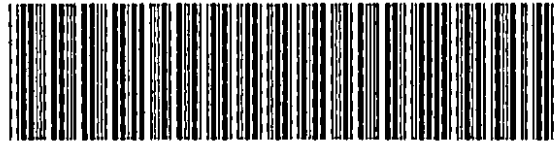
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL

2/14/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Safe Hiring 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:

Taylor Hecht
Name of Person

Safe Hiring Solutions
Firm/Company

64 E. Marion St.
Address

Danville, VA 46122
City/State and Zip Code

accounting@safehiringsolutions.com
E-mail address: (to be used for future annual report notification)

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STATE OF FLORIDA
SECRETARY OF STATE

For further information concerning this matter, please call:

Taylor Hecht at (317) 745-6946 x117
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

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. Safe Hiring Solutions LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLCO")

(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 "LLCO")

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

3. n/a
(TIN number, if applicable)

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

5. 64 E. Marion St.
(Street Address of Principal Office)

6. 64 E. Marion St.
(Mailing Address)

Danville, IN 46122

Danville, IN 46122

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

Name: J.D. Mosely

Office Address: 15371 Roosevelt Blvd St. 103

Clearwater
(City)

Florida 33760
(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.

J.D. Mosely
(Registered agent's signature)

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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: Mike McCarty
☐ Member Address: 64 E. Marion St.
☐ Authorized Danville, W 46122

Person
Other _____ ☐ Other _____

☒ Manager Name: Lauren Thomas
☐ Member Address: 64 E. Marion St.
☐ Authorized Danville, W 46122

Person
Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____

Person
Other _____ ☐ Other _____

Title or Capacity: Name and Address:
☒ Manager Name: Trish McCarty
☐ Member Address: 64 E. Marion St.
☐ Authorized Danville, W 46122

Person
Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____

Person
Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____

Person
Other _____ ☐ Other _____

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

Important Notice: Use an attachment to report more than six (6). The attachment will be indexed for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.)

C. 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.

Michael McCarty
Signature of an authorized person

Michael McCarty
Typed or printed name of signer

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

SAFE HIRING SOLUTIONS LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 13, 2004, and was in existence or authorized to transact business in the State of Indiana on January 08, 2021.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 08, 2021

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2004101400310 / 20211799129

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on February 07, 2021.

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SECRETARY OF STATE
INDIANAPOLIS, IN