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(City/State/Zip/Phone #)

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(Business Entity Name)

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FILED
2021 JUN -4 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FL

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2021

THE GOODMAN GROUP, LLC
1107 HAZELTINE BOULEVARD, SUITE 200
CHASKA, MN 55318

SUBJECT: PLATINUM CAREER SOLUTIONS OF MONTANA, LLC
Ref. Number: W21000062755

We have received your document for PLATINUM CAREER SOLUTIONS OF MONTANA, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes
Regulatory II

Letter Number: 521A00009559

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Platinum Career Solutions of Montana, 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:

Kassie Arndt

Name of Person

The Goodman Group, LLC

Firm/Company

1107 Hazeltine Boulevard, Suite 200

Address

Chaska, MN 55318

City/State and Zip Code

licensing@thegoodmangroup.com

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

For further information concerning this matter, please call:

Kassie Arndt

952

361-8930

at (_____) _____

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. Platinum Career Solutions of Montana, 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.")

2. Minnesota 47-1025594
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. March 22, 2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 385 Alternate Keene Road 1107 Hazeltine Boulevard, Suite 200
(Street Address of Principal Office) (Mailing Address)
Largo, FL 33771 Chaska, MN 55318

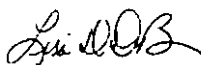
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI SERVICES, INC
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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SECRETARY OF STATE
TAMM-ALABAMA, FL

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.



Lisa D. DuBois, Assistant Secretary

(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]:

<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: <u>Craig Edinger</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Randall Benson</u>
<input type="checkbox"/> Member	Address: <u>1107 Hazeltine Boulevard</u>	<input type="checkbox"/> Member	Address: <u>1107 Hazeltine Boulevard</u>
<input type="checkbox"/> Authorized	<u>Suite 200</u>	<input type="checkbox"/> Authorized	<u>Suite 200</u>
Person	<u>Chaska, MN 55318</u>	Person	<u>Chaska, MN 55318</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Denise Olson</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1107 Hazeltine Boulevard</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 200</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Chaska, MN 55318</u>	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 _____

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

Randall Benson, Treasurer

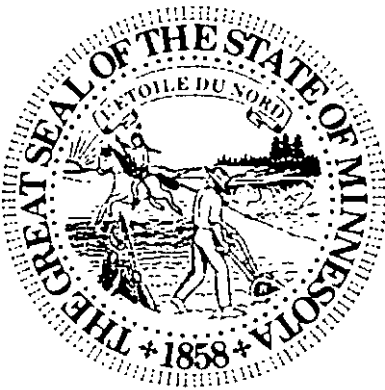
Typed or printed name of signer

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Platinum Career Solutions of Montana, LLC
Date Filed:	05/30/2014
File Number:	763525800048
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 04/09/2021



A handwritten signature in cursive script that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota