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AUG 11 2021 M. SOLOMON

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	Premier Workforce Solutions, LLC ECT:			
		Same of Limited Liability Company		
The er Existe:	nclosed "Application by Foreign Limited Liabil nee, and check are submitted to register the abo	lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.		
Please	return all correspondence concerning this matt	ter to the following:		
	Maria Doyle			
		Name of Person		
	Premier Workforce Solutions, Ll	LC		
Firm/Company				
	12201 Bluegrass Parkway			
		Address		
	Louisville, KY 40299			
		City/State and Zip Code		
	mdoyle@premierworkforcesolutio	onslic.com		
	E-mail address: (t	o be used for future annual report notification)		
For fur	ther information concerning this matter, please	call:		
Melody Shannon		502 568-7860 at ()		
	Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address: Registration Section		Street Address: Registration Section		
	Division of Corporations	Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
	Tallahassee. FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following amoun Please make check payable to: FLORIDA D \$\mathbb{\overline{\text{B}}}\$	DEPARTMENT OF STATE		

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:

,	Limited Liability Company, must include "Limited	Liability Company," "L.L.C.," or "LLC.")	
Delaware	name adopted for the purpose of transacting business in Pa which foreign limited liability company is organized)	orida. The alternate name must include "Limited Liability Co." 3. (FEI member, if app.)	
	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, P.S. to determine		,
40 S. Palafox Place		12201 Bluegrass Parkway 6. (Mailing Address)	
5th Floor		Louisville, KY 40299	
Pensacola, FL 32502	2		202
Name and <u>street addre</u> :	33 of Florida registered agent: (P.O. Box	NQT acceptable)	AUG
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		112: 13 13:14: 13 13:15: 13
	Tallahassee		-,

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.

Corporation Service Company

By: Aindrea S. Mancari Aindrea S. Mancari, Asst. Secretary
(Registered agent's signature)

BFDFB14A3388486...

Maria Doyle

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: Title or Capacity: Name and Address: Nick Porter, CEO John Harrison, CFO **■**Manager ■ Manager Address: ____ 40 S. Palafox Place 12201 Bluegrass Parkway □Member □Member Address: 5th Floor Louisville, KY 40299 ☐ Authorized ☐ Authorized Pensacola, FL 32502 Person Person □ Other Other ___ □Other___ ____ Other_ __ Maria Doyle, General Counsel **■**Manager Name: _____ □Manager Address: ____ □Member □Member Address: _____ Louisville, KY 40299 ☐ Authorized ☐ Authorized Person Person □Other Other____ □Other___ □Manager Name: _____ □Manager □Member Address: □Member Address: ___ ☐ Authorized ☐ Authorized Person Person □Other____ ___ □Other______ □Other____ Other___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Maria Voyle

Signature of an authorized person

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PREMIER WORKFORCE SOLUTIONS, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SECOND DAY OF AUGUST, A.D. 2021.



Authentication: 203823815

Date: 08-02-21