

M21000012905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

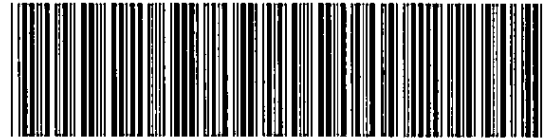
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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J. WASSERSTADT 08107

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SEP 30 2021

M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Premier Staffing Solution 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:

Maria Little  
Name of Person

Premier Staffing Solution, LLC  
Firm/Company

15 N. Saint Clair St, 3rd FL  
Address

Toledo, OH 43604  
City/State and Zip Code

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

For further information concerning this matter, please call:

Maria Little at 419 , 348-0078  
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. Premier Staffing Solution, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

Interim HR LLC  
(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 "LLC.")

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

3. 85-2741073  
(FEI number, if applicable)

4. 06/01/2021  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 15 N. Saint Clair St, 3rd Fl  
(Street Address of Principal Office)

6. 15 N. Saint Clair St, 3rd FL  
(Mailing Address)

Toledo, OHIO 43604

Toledo, OHIO 43604

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Rd

Plantation

, Florida

33324

(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.

Christine Kaim

Christine Kaim  
Assistant Secretary

(Registered agent)

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CLERK OF STATE  
JENNIFER M. GRIFFIN

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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]:

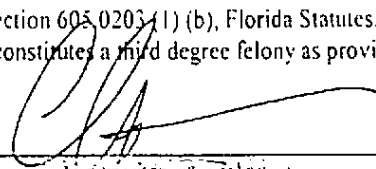
<u>Title or Capacity:</u>		<u>Name and Address:</u>	<u>Title or Capacity:</u>		<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name:	<u>Chris Ostrander</u>	<input checked="" type="checkbox"/> Manager	Name:	<u>Dan Keller</u>
<input type="checkbox"/> Member	Address:	<u>320 Pheasant Run Pl</u>	<input type="checkbox"/> Member	Address:	<u>2900 SW 28<sup>th</sup> Lane</u>
<input type="checkbox"/> Authorized		<u>Findlay, OH 45840</u>	<input type="checkbox"/> Authorized		<u>Unit 1204</u>
<input type="checkbox"/> Person			<input type="checkbox"/> Person		<u>Miami, FL 33133</u>
<input checked="" type="checkbox"/> Other	<u>CEO</u>	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other	<u>President</u>	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name:	<u>William Currence II</u>	<input type="checkbox"/> Manager	Name:	
<input type="checkbox"/> Member	Address:	<u>1015 Eagle Ridge Dr.</u>	<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized		<u>Huron, OH 44839</u>	<input type="checkbox"/> Authorized		
<input type="checkbox"/> Person			<input type="checkbox"/> Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name:	<u>Scott Wawrzyniak</u>	<input type="checkbox"/> Manager	Name:	
<input type="checkbox"/> Member	Address:	<u>18172 Sabine Dr</u>	<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized		<u>Macomb, MI 48042</u>	<input type="checkbox"/> Authorized		
<input type="checkbox"/> Person			<input type="checkbox"/> Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other

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DEPT OF STATE  
RECEIVED

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  
Chris Ostrander  
\_\_\_\_\_  
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 PREMIER STAFFING SOLUTION, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4521446, was organized within the State of Ohio on August 7, 2020, 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 4th-day of August, A.D. 2021.*

*Frank LaRose*

Ohio Secretary of State

Validation Number: 202121602102



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 8, 2021

MARIA LITTLE  
PREMIER STAFFING SOLUTION  
15 N. SAINT CLAIR ST, 3RD FLOOR  
TOLEDO, OH 43604

SUBJECT: PREMIER STAFFING SOLUTION, LLC  
Ref. Number: W21000111762

Please accept our apology for failing to mention this in our previous letter.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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

Mel Solomon  
Senior Section Administrator

Letter Number: 521A00021661

*Rec'd  
10-1-21*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 12, 2021

MARIA LITTLE  
PREMIER STAFFING SOLUTION  
15 N. SAINT CLAIR ST, 3RD FLOOR  
TOLEDO, OH 43604

SUBJECT: PREMIER STAFFING SOLUTION, LLC  
Ref. Number: W21000111762

We have received your document for PREMIER STAFFING SOLUTION, LLC and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a Foreign Profit Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

The registered agent must sign accepting the designation.

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

Mel Solomon  
Senior Section Administrator

Letter Number: 621A00019253



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 21, 2021

JOSHUA L. WRIGHT  
IN-HOUSE MORTGAGE LLC  
38219 MOUND RD. SUITE 201  
STERLING HEIGHTS, MI 48310

SUBJECT: IN-HOUSE MORTGAGE LLC  
Ref. Number: W21000127283

We have received your document for IN-HOUSE MORTGAGE LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." Please add the appropriate designation to the name of your limited liability company or to the alternate name you have selected for the state of Florida, if your name is unavailable in this state. The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The 2nd page of the application is missing. Please complete the enclosed and return to my attention at your convenience.

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

Mel Solomon  
Senior Section Administrator

Letter Number: 621A00022809

*Rec'd  
10-1-21*