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(Address)

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S. HAWKES

DEC 21 2021



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 12/02/2021

Name: Marcel Ogbonna-Amu

Reference #: 1506674

Entity Name: CONNECTIFY HR LLC

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other \_\_\_\_\_

ANY ISSUES, CALL  
MARCEL:

(518) 213-0826

Thank you!

Authorized Amount: \$125.00

Signature: Marcel Ogbonna-Amu

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CONNECTIFY HR 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:

MELISSA NESS

Name of Person

CONNECTIFY HR LLC

Firm/Company

1616 CASADY DR.

Address

DES MOINES, IA 50321

City/State and Zip Code

MELISSA.NESS@CONNECTIFYHR.COM ✓

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

For further information concerning this matter, please call:

MELISSA NESS

Name of Contact Person

515

at ( )

Area Code

954-4828

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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:

CONNECTIFY HR LLC

1. \_\_\_\_\_  
(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. IOWA  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

UPON QUALIFICATION

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

5. 1616 CASADY DR.  
(Street Address of Principal Office)

6. SAME  
(Mailing Address)

DES MOINES, IA 50321

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

Name: COGENCY GLOBAL INC.

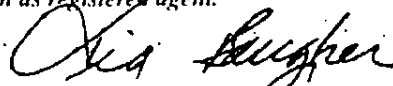
Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301  
(City) (Zip code)

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TALLAHASSEE, 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.



(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>Melissa Ness</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Joel Duncan</u>
<input checked="" type="checkbox"/> Member	Address: <u>1616 Casady Dr</u>	<input checked="" type="checkbox"/> Member	Address: <u>19339 Brittini Rae Ct</u>
<input checked="" type="checkbox"/> Authorized	<u>Des Moines IA 50315</u>	<input type="checkbox"/> Authorized	<u>Lindale, TX 75771</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Jeff Russell</u>	<input type="checkbox"/> Manager	Name: <u>Veratrus Investments</u>
<input type="checkbox"/> Member	Address: <u>9000 Northpark Dr</u>	<input checked="" type="checkbox"/> Member	Address: <u>9000 Northpark Dr</u>
<input type="checkbox"/> Authorized	<u>Johnston, IA 50313</u>	<input type="checkbox"/> Authorized	<u>Johnston, IA 50313</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Krista Turner</u>	<input type="checkbox"/> Manager	Name: <u>Midwest Growth Investors</u>
<input type="checkbox"/> Member	Address: <u>1616 Casady Dr</u>	<input checked="" type="checkbox"/> Member	Address: <u>1080 Jordan Creek Pkw</u>
<input checked="" type="checkbox"/> Authorized	<u>Des Moines, IA 50315</u>	<input type="checkbox"/> Authorized	<u>West Des Moines, IA 50266</u>
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.

Melissa Ness

Signature of an authorized person

Melissa Ness

Typed or printed name of signer

**IOWA SECRETARY OF STATE  
PAUL D. PATE**



**CERTIFICATE OF EXISTENCE**

Issue Date: 10/27/2021

Name: CONNECTIFY HR LLC (489DLC - 668531)

Date of Incorporation: 5/13/2021

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: **CS232277**

To validate certificates visit:

**[sos.iowa.gov/ValidateCertificate](https://sos.iowa.gov/ValidateCertificate)**

A handwritten signature in cursive script that reads "Paul D. Pate".

Paul D. Pate, Iowa Secretary of State