

# M22000001989

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H220000518183ABC.

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : TOBIN & REYES, P.A.  
Account Number : I20000000155  
Phone : (561)620-0656  
Fax Number : (561)620-0657

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: aalvarez@tobinreyes.com

**Foreign Limited Liability Company  
SUPREME STAFFING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

**H22000051818 3****COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: Supreme Staffing, 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:

Adrian J. Alvarez

\_\_\_\_\_  
Name of Person

Tobin &amp; Reyes, P.A.

\_\_\_\_\_  
Firm/Company

225 NE Mizner Blvd., Suite 510

\_\_\_\_\_  
Address

Boca Raton, FL 33432

\_\_\_\_\_  
City/State and Zip Code

aalvarez@tobinreyes.com

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

For further information concerning this matter, please call:

Adrian J. Alvarez

561

620-0656

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

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**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. Supreme Staffing, LLC.  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")
- Supreme Staffing Solutions Florida, 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. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. \_\_\_\_\_  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)
5. 225 NE Mizner Blvd.  
(Street Address of Principal Office)
- Suite 510
- Boca Raton, FL 33432
6. 225 NE Mizner Blvd.  
(Mailing Address)
- Suite 510
- Boca Raton, FL 33432

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

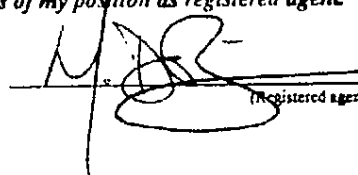
Name: Tobin & Reyes, P.A.

Office Address: 225 NE Mizner Blvd., Suite 510

Boca Raton, FL, Florida 33432  
(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.

  
(Registered agent's signature)

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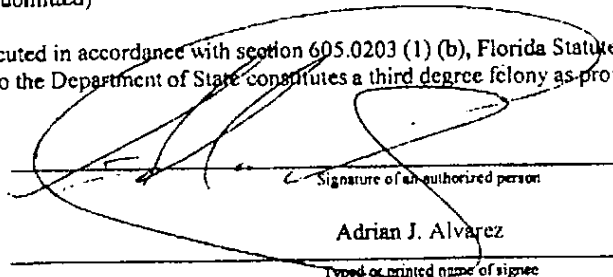
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Adrian J. Alvarez</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>225 NE Mizner Blvd</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Suite 510</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Boca Raton, FL 33432</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 _____
 <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  
 Adrian J. Alvarez  
 \_\_\_\_\_  
 Typed or printed name of signer

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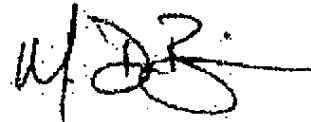
State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 10:00 AM 12/02/2021  
FILED 10:00 AM 12/02/2021  
SR 20213953049 - File Number 6435027

**STATE OF DELAWARE  
CERTIFICATE OF FORMATION  
OF LIMITED LIABILITY COMPANY**

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is Supreme Staffing, LLC.
2. The Registered Office of the limited liability company in the State of Delaware is located at 3411 Silverside Road, Tatnall Building #104, Wilmington, DE 19810. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is Corporate Creations Network, Inc.
3. The effective date of this certificate shall be December 2, 2021.

IN WITNESS WHEREOF, the undersigned has executed this Certificate on the 2<sup>nd</sup> day of December, 2021.



By: \_\_\_\_\_

Authorized Person  
Michael De Biase, Esq., Attorney

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