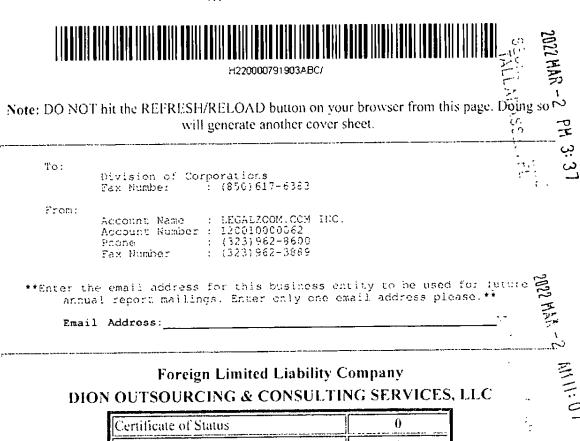
Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Help

S. ROBERTS MAR 0 2 2022

TO:

COVER LETTER

TO:	Registration Section Division of Corporations						
C11D 11	DION OUTSOURCING & CONSULTING SERVICES, LLC						
Name of Limited Liability Company							
The en Exister	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," e, and check are submitted to register the above referenced foreign limited liability company to transact busing	Certificate of ness in Florida.					
Please	turn all correspondence concerning this matter to the following:						
	Cheyenne Moseley						
	Name of Person						
	Legalzoom.com, Inc.						
	Firm/Company						
	101 N Brand Blvd 11th Fl						
	Address						
	Glendale, CA 91203						
	City/State and Zip Code						
	jenniferlwolfe97@gmail.com						
	E-mail address: (to be used for future annual report notification)	,					
For fu	her information concerning this matter, please call:						
	Cheyenne Moseley 800 773-0888						
	Name of Contact Person Area Code Daytime Telephone Number	•					
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, Fl. 32301						
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE S125.00 Filing Fee S130.00 Filing Fee & \$155.00 Filing Fee & S160.00 Filing Fee & Certificate of Status Certified Copy of Status & Certified Copy	Fee, Certificate					

To: -18506176383

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 TUMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: DION OUTSOURCING & CONSULTING SERVICES, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC") (If name unavailable, cuter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Compans," "L.L.C." or "LLC.") 26-0210048 Delaware (fartsdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability.) (Street Address of Principal Office) 290 Sunrise Drive Apt 306 290 Sunrise Drive Apt 306 Key Biscayne, Florida 33149 Key Biscayne, Florida 33149. 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) UNITED STATES CORPORATION AGENTS, INC. Name: 5575 S. Semoran Blvd., Suite 36 Office Address: Orlando , Florida 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)

CHEYENNE MOSELEY, ASSISTANT SECRETARY. UNITED STATES CORPORATION AGENTS, INC.

LegalZoom.com, Inc.

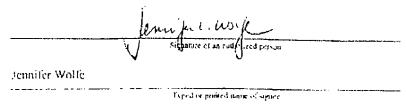
To: +18506176383

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). manage [up to six (6) total]:

Manager Member Authorized Person Other	Name and Address: Name: Jennifer Wolfe Address: 290 Sunrise Drive Apt 306 Key Biscayne, Florida 33149	Title or Capacity: Manager Member Authorized Person Other	Name:	Name and Address:
☐Manager ☐Member ☐Authorized Person ☐Other	Name:	Manager Member Authorized Person Other	Address:	Other
☐Manager ☐Member ☐Authorized Person ☐Other	Name:	Manager Member Authorized Person	Address:	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 eath 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 \$.817.155, F.S.



From; Sylvia Paull



Page 1

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

DELAWARE, DO HEREBY CERTIFY "DION OUTSOURCING & CONSULTING

SERVICES, 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 EIGHTEENTH DAY OF

FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DION OUTSOURCING & CONSULTING SERVICES, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

e at corn delaware pov/auth

Authentication: 202705759

Date: 02-18-22