

M22000009433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400379101364

2022 JUN 16 AM 11:40
FBI
FALL GROVE, ILL

RECEIVED
2022 JUN 16 AM 11:38
COLLIER ASSOCIATES, PLLC

S. ROBERTS

JUN 16 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 743443 8020532

AUTHORIZATION : 

COST LIMIT : \$ 125.00

ORDER DATE : June 14, 2022

ORDER TIME : 9:33 AM

ORDER NO. : 743443-005

CUSTOMER NO: 8020532

FOREIGN FILINGS

NAME: AGEEMPLEO LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

**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. AgEmpleo LLC
(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. California 3. 83-2838321
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 3932 Moores Lake Road 6. 3932 Moores Lake Road
(Street Address of Principal Office) (Mailing Address)
Dover, FL 33527 Dover, FL 33527

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

FILED
2022 JUN 16 AM 11:40
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.

Alexxis Weibnd, assistant vice president
(Registered agent's signature)

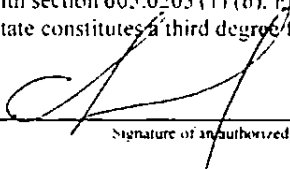
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Luz Rodriguez</u>	<input type="checkbox"/> Manager	Name: <u>Hector Lujan</u>
<input type="checkbox"/> Member	Address: <u>3932 Moores Lake Road</u>	<input type="checkbox"/> Member	Address: <u>3932 Moores Lake Road</u>
<input type="checkbox"/> Authorized	<u>Dover, FL 33527</u>	<input type="checkbox"/> Authorized	<u>Dover, FL 33527</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Eric Reiter</u>	<input type="checkbox"/> Manager	Name: <u>Yissel Barajas</u>
<input type="checkbox"/> Member	Address: <u>3932 Moores Lake Road</u>	<input type="checkbox"/> Member	Address: <u>3932 Moores Lake Road</u>
<input type="checkbox"/> Authorized	<u>Dover, FL 33527</u>	<input type="checkbox"/> Authorized	<u>Dover, FL 33527</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>VP</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>VP</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Charles Mendes</u>	<input type="checkbox"/> Manager	Name: <u>Kyle Bunstein</u>
<input type="checkbox"/> Member	Address: <u>3932 Moores Lake Road</u>	<input type="checkbox"/> Member	Address: <u>3932 Moores Lake Road</u>
<input type="checkbox"/> Authorized	<u>Dover, FL 33527</u>	<input type="checkbox"/> Authorized	<u>Dover, FL 33527</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>VP</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>CFO</u>	<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

Charles Mendes

Typed or printed name of signer

Attachment

Item #8

Secretary	James Pingel 3932 Moores Lake Road Dover, FL 33527
Authorized Representative	Miguel Guerrero Garcia 3932 Moores Lake Road Dover, FL 33527



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: AGEMPLEO LLC
Entity No.: 201834810317
Registration Date: 12/12/2018
Entity Type: Limited Liability Company - CA
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 15, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 022060315

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.