

7/6/22, 8:48 AM

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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

Email Address: _____

**Foreign Limited Liability Company
Bonney Staffing Center, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Electronic Filing Menu

Corporate Filing Menu

Help

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(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 "L.L.C.")

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

5.	6161 Oak Tree Blvd., Suite 300 (Street Address of Principal Office)	Independence, OH 44131
6.	6161 Oak Tree Blvd., Suite 300 (Mailing Address)	Independence, OH 44131

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

C T Corporation System

Office Address: 1200 South Pine Island Road

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.

By: Linda Stauffer (Registered agent's signature)

11.957 - 1.21.2023 W. Adams, K. Krawiec, D. Dulude

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>Aaron Grossman</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Kevin Kramer</u>
<input type="checkbox"/> Member	Address: <u>6161 Oak Tree Blvd., Ste 300</u>	<input type="checkbox"/> Member	Address: <u>6161 Oak Tree Blvd., Ste 300</u>
<input type="checkbox"/> Authorized	<u>Independence, OH 44131</u>	<input type="checkbox"/> Authorized	<u>Independence, OH 44131</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
 <input checked="" type="checkbox"/> Manager	 Name: <u>Matt Lyon</u>	 <input checked="" type="checkbox"/> Manager	 Name: <u>Robin Grzeskowiak</u>
<input type="checkbox"/> Member	Address: <u>6161 Oak Tree Blvd., Ste 300</u>	<input type="checkbox"/> Member	Address: <u>6161 Oak Tree Blvd., Ste 300</u>
<input type="checkbox"/> Authorized	<u>Independence, OH 44131</u>	<input type="checkbox"/> Authorized	<u>Independence, OH 44131</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
 <input checked="" type="checkbox"/> Manager	 Name: <u>John Wittne</u>	 <input type="checkbox"/> Manager	 Name: <u></u>
<input type="checkbox"/> Member	Address: <u>6161 Oak Tree Blvd., Ste 300</u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u>Independence, OH 44131</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

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.

/s/ Matt Lyon

Signature of an authorized person

Matt Lyon, Manager

Typed or 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 BONNEY STAFFING CENTER, LLC, an Ohio Limited Liability Company, Registration Number 4176745, was organized in the State of Ohio on May 7, 2018, 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 5th day of July, A.D. 2022.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202218602238