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Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

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Foreign Limited Liability Company FirstFour Staffing, LLC

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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:

SINESS IN THE STATE OF FLORIDA:			
ng, LLC			
limited Liability Company; must include "Limited	Liability Co	mpany," "L.L.C.," or "ELC.")	
any advanted for the surmose of transaction his mess in Fla	orida. The alter	nate name must include "Limited Liability Company." "L.L.C	" or "LLC."
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	₃ 85-3928302		
nich foreign limited liability company is organized)		(FUI number, if applicable)	
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(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905 F.S. to determine	registration)	lity)	• •
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s of Florida registered agent: (P.O. Box	NOT acc	eptable)	
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		_	
Northwest Registered Ag	ent LL		

7901 4th St N STE 300			
			
St. Petersburg		m	
{Cin}			
	inched Liability Company; must include "Limited Liability Company; must include "Limited liability Company; must include "Limited liability company is organized] (Date first transacted business in Plorida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine the sections of the section of	inhe adopted for the purpose of transacting business in Florida. The alter ich 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 liabilitying B, Suite 101	interest Liability Company; must include "Limited Liability Company," "L.L.C.," or

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.

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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: Tucker Frazer Name: Scott Boone □Manager ■ Manager Member 3 ▼ Member Address: 29000 US HIGHWAY 98 BLDG B STE 101 29000 US HIGHWAY 98 BLDG B STE 101 □ Authorized Authorized DAPHNE AL 36526 DAPHNE AL 36526 Person Person □Other____ □Other ... □Other_____ □Other_____ Name: Name: □Manager □Manager Address: □Member Address: ______ □ Member □ Authorized □ Authorized Person Person □Other___ □Other ____ □Other_____ □Other____ □Manager Name: _____ □Manager Name: _____ Address: _____ ☐ Member □Member Address: □ Authorized □ Authorized Person Person Other____ Other____ □Other_ □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 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. Morgan Noble

Typed or printed name of signee

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that FirstFour Staffing, LLC was formed in Baldwin County, Alabama on October 28, 2020. The Alabama Entity Identification number for this entity is 000-797615. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

08/23/2022

Date

X 74. Merill

John H. Merrill

Secretary of State