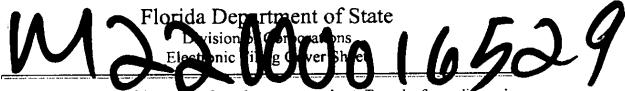
Division of Corporations



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(((H22000368864 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Phone Fax Number : (800)432-3622

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Foreign Limited Liability Company TL STAFFING, LLC

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COVER LETTER

SUBJECT:	_ Staffing, LLC	of Limited Liability Company			
The enclosed "A Existence, and c	application by Foreign Limited Liability C theck are submitted to register the above r	Company for Authorization to Transact Business in Florida," eferenced foreign limited liability company to transact busin	Certificate of ess in Florid		
Please return all	correspondence concerning this matter to	o the following:			
	Christina T. Rodriguez				
		Name of Person			
	c/o Haynes and Boone, LLP				
	Firm/Company				
	2323 Victory Avenue, Suite 700				
	Address				
	Dallas, Texas 75219				
	C	ity/State and Zip Code	73/25. 7.27		
	rforsythc@tlcapital.com		<u></u> 1		
	E-mail address: (to be	used for future annual report notification)	79		
For further info	rmation concerning this matter, please cal	l :	P. S. 09		
Robert Forsythe		813 537.5300 at ()	5		
	Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address:		Street Address: Registration Section			
Registration Section Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			
	,	Tallahassee, FL 32303			
Tallal Enclos		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

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: TL Staffing, 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 Florids. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 92-0848413 Delaware (Jurisd letion under the law of which foreign limited liability company is organized) (FEI number, If applicable) (Date first transacted business in Florids, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 1600 E. 8th Avenue, Suite A210 1600 E. 8th Avenue, Suite A210 (Mailing Address) (Street Address of Principal Office) Tampa, Florida 33605 Tampa, Florida 33605 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Robert Forsythe Name: 1600 E. 8th Avenue, Suite A210 Office Address: Tampa (Cirv) 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. /s/ Robert Forsythe

(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
ma	age [up to six (6) total]:

Fitle or Capacity:	Name and Address:	Title or Capacit	Y:	Name and Address
□Manager	Name: Robert Forsythe	□Manager	Name:	
□Member	Address: 1600 E. 8th Avenue	□Member	Address:	
Authorized	Suite A210	□Authorized		
Person	Tampa, Florida 33605	Person		
□Other	Other	□Other		□ Other
∃Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		☐ Authorized		
Person		Person	 ;	<u> </u>
□Other	Other	Other		Other
□Manager	Name:	□Manager	Name:	02
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		<u> </u>
Person		Person		0
Other	Other	□Other		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.

/s/ Robert Forsythe	
Signature of an authorized per	00
Robert Forsythe	
Typed or printed name of sign	cc 48
October 27, 2022	

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TL STAFFING, 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 TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TL STAFFING, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2022.

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

7101375 8300 SR# 20223877958

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204720491

Date: 10-27-22