3/31/23, 3:40 PM

Division of Corporations

M23 Clorida Department of State 465 Division of Gopporations Clorida Department of State 465

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Division of Corporations

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From:

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Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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Foreign Limited Liability Company MINIEN RECRUITMENT SOLUTIONS LLC

Certificate of Status	0
Certified Copy	1
Page Count	07
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To:

COVER LETTER

TO:	Registration Section Division of Corporation	ons			
SUBJE		TMENT SOLUTIONS LLC			
00202		Name of Lir	nited Liability	Company	
The end Existen	closed "Application by Fo ce, and check are submitte	reign Limited Liability Companed to register the above reference	y for Authoriz ed foreign lim	ation to Transact Business in Florida, ited liability company to transact busin	" Certificate of ness in Florida.
Please	eturn all correspondence	concerning this matter to the fol	llowing:		
	Cheyenne Mo	seley			
		Nam	e of Person		•
	l.egalzoom.co	m, Inc.			
		Firm	/Company		
	101 N Brand F	Blvd 11th Fl			
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	Glendale, CA 91203				
		City/State	and Zip Code		
	christian@minie	enrs.com			
		E-mail address: (to be used for	r future annua	report notification)	
For furt	her information concernit	ng this matter, please call:			
	Cheyenne Moseley	;	800 nt (773-0888	
	Name (of Contact Person	Area Code	Daytime Telephone Number	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, Ft. 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	Enclosed is a check for the Please make check paya	the following amount: ble to: FLORIDA DEPARTM	ENT OF STA	TE	
	S125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & S160.00 Filing of Status & Cer	

To: • Page: 4 of 6 2023-03-31 13:42:11 PDT LegalZoom.com, Inc. From: Laura Rodriguez

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:

(Name of Foreign	Limited Liability Company, must include "Emitted	Liability Company, "L.L	C.T or TLLC(1)			
ume massailable, curer alternate n	aine adopted for the purpose of transacting business in Flor	nda. The alternate name must inc	clude "Limited Leability Co	ompany," "L.L.C."	or "LLC."	
Delaware		85-2868535				
(Jurisdiction under the law of which foreign limited liability company is organized)		3(FEI manber, if applicable)				
	(Date first transacted bosiness in Florida, if prior to i (See sections 605 0904 & 605 0965, F.S. to determine	egistration) re penalty limbility)		=		
Co. Alt	Inneipal Office)	6	(Mading Address)			
(Street Address of F	rinospa Citrice)	(Mailing Address)				
80 SW 8th St., Suite 2000 Miami, Florida 33130		Miami, Florida 33130				
						Name and <u>street addres</u>
Name:	UNITED STATES CORPORATION	ON AGENTS, INC.		ALL JUASSET FE	4043 MAR 31	
Office Address:	5575 S. Semoran Blvd., Suite 36	 		1385		
	Orlando	. Flerid	32822	<u> </u>	PM 3: 07	
	(Cay)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Zip code)	-	7	

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]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
Manager	Name: Christian James Minien	Manager	Name:	
Member	Address: Apr 1616	Member	Address:	
Authorized	Miami, Florida 33137	Authorized		
Person		Person		
Other	Other	Other		Other
Manager	Name:		Name:	
Member	Address:	☐ Member	Address:	
Authorized		Authorized		···
Person		Person	<u></u>	
Other	Other	Other		Other
■Manager	Name:	☐ Manager	Name:	
Member	Address:	☐ Member		-
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. 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.

Simina		
-	Signature of an authorized person	
Christian James Minien		
	Typed or printed name of same	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MINIEN RECRUITMENT SOLUTIONS 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 FOURTEENTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MINIEN

RECRUITMENT SOLUTIONS LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF

AUGUST, A.D. 2020.

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

at corp delaware gov/auth

Authentication: 202708977

Date: 02-14-23