

W123000005571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

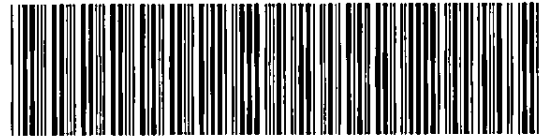
(Document Number)

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2023 MAY -1 PM 6:40
CLERK OF STATE
TALLAHASSEE, FL

S. FRANKLIN
MAY 1 - 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

Rise Works EOR LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KYLE CHRISTENSON

Name of Person

RISE WORKS, INC.

Firm/Company

2030 SOMERSET LANE

Address

BIRMINGHAM, AL 35242

City/State and Zip Code

KYLE@RISEWORKS.IO

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KYLE CHRISTENSON

415

849-5400

Name of Contact Person at (_____) _____
Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

RISE WORKS EOR LLC

1. _____
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

RISE WORKS EOR I 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.")

DELAWARE

2. _____
(Jurisdiction under the law of which foreign limited liability company is organized)

92-2180616

3. _____
(FEI number, if applicable)

N/A

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

30799 PINETREE RD #211

30799 PINETREE RD #211

5. _____
(Street Address of Principal Office)

6. _____
(Mailing Address)

PEPPER PIKE, OH 44124

PEPPER PIKE, OH 44124

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

Name: REGISTERED AGENTS, INC.

Office Address: 7901 4TH ST N, STE 300

ST PETERSBURG, Florida 33702
(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.

Dana Green

(Registered agent's signature)

2023 MAY - 1 PM 6:40

FILED

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:**
☐ Manager Name: RISE WORKS, INC.
☒ Member Address: 30799 PINETREE RD #211
☐ Authorized PEPPER PIKE, OH 44124
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: ANDREW MAURER
☐ Member Address: 33299 S WOODLAND RD
☐ Authorized PEPPER PIKE, OH 44124
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**
☒ Manager Name: HUGO FINKELSTEIN
☐ Member Address: 54 ALLEN ST, APT 3B
☐ Authorized NEW YORK, NY 10002
Person _____
☐ Other _____ ☐ Other _____

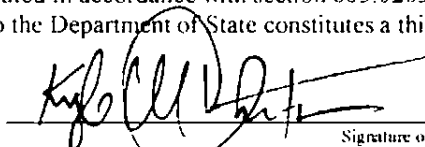
☐ Manager Name: KYLE CHRISTENSON
☐ Member Address: 2030 SOMERSET LANE
☒ Authorized BIRMINGHAM, AL 35242
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ 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.



Signature of an authorized person
KYLE CHRISTENSON

Typed or printed name of signer

Delaware

The First State

Page 1

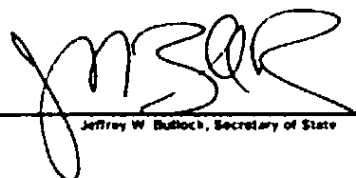
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RISE WORKS EOR LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RISE WORKS EOR LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2023.

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

FILED
2023 MAY -1 PM 6:40
CORPORATION SERVICES DIVISION
DO STATE OF DELAWARE




Jeffrey W. Bullock, Secretary of State

7256252 8300

SR# 20230765647

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

Authentication: 202802833

Date: 02-28-23



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2023

KYLE CHRISTENSON
2030 SOMERSET LANE
BIRMINGHAM, AL 35242 US

SUBJECT: RISE WORKS EOR LLC
Ref. Number: W23000040944

We have received your document for RISE WORKS EOR LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 323A00006931

FILED
2023 MAY 1 PM 6:49
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
IN FLORIDA
TALLAHASSEE, FLORIDA

RECEIVED
MAY 01 2023