# M23000011502

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Certificates of Status				
Special Instructions to Filing Officer:				
W23000109720 c€				
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Office Use Only



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08/07/23--01035--018 \*\*125.00



August 11, 2023

MEREDITH CONNOR 3622 LYCKAN PKWY. STE. 3003 DURHAM, NC 27707 US

SUBJECT: WW STAFFING LLC Ref. Number: W23000109720

We have received your document for WW STAFFING 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Andrea Andrews Regulatory Specialist II

Letter Number: 023A00018256

RFCEIVED AUG 2.8 2023

#### COVER LETTER

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TO:

Registration Section

Div	ision of Corporations					
eun iezar	WW Staffing LLC					
SUBJECT:	Name of Limited Liability Company					
		lity Company for Authorization to Transact Business in Florida," Certificate o ove referenced foreign limited liability company to transact business in Florida				
Please return	all correspondence concerning this mat	ter to the following:				
	Meredith Connor					
	Name of Person					
	WW Staffing, LLC					
		Firm/Company				
	3622 Lyckan Pkwy. Ste. 3003					
Address						
	Durham, NC 27707					
	City/State and Zip Code					
	mconnor@placementmates.com					
	E-mail address: (	to be used for future annual report notification)				
For further in	nformation concerning this matter, pleas	e call:				
Ме	redith Connor	413 731-6522 at ( )				
	Name of Contact Person	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				
Ple	closed is a check for the following amount ase make check payable to: FLORIDA   \$125.00 Filing Fee	DEPARTMENT OF STATE				

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTEN THE FOLLOWING IN SUBMITTED TO REGISTER A FOREKIN LIMITED HABILITY COMPANY TO TRANSACT BUSINESN IN THE STATE OF FLORIDA:

WW Staffing LLC			
(Name of Foreign)	.tmited Liability Company; must include "Limite	d Liabibity	ty Company." "L.L.C." or "LLC")
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in E	londa The	e alternate name must include "Lamited Laability Company," "L. L. C," or "LLC")
Florida 2.		3.	82-1663606
(Jurisdiction under the law of w	nich foreign limited liability company is organized)		(FEI number, if applicable)
7/31/23 4.			
	(Date first transacted business in Florida, if prior to (See sections 605-6904 & 605-6905, U.S. to determ	registration me penalty	n ) y habihiy)
3622 Lyckan Pkwy Ste. 3003			3622 Lyckan Pkwy. Ste. 3003 (Mailing Address)
5. (Street Address of Principal Office)			(Marling Address)
Durham, NC 27707			Durham, NC 27707
7. Name and street address	ss of Florida registered agent: (P.O. Box	C NOT	_acceptable)
Name:	Registered Agents Inc		
Office Address:	7901 4th ST N Suite 300		
	St. Petersburg		, Florida <sup>33702</sup>
	(City)		(Zip ciste)

#### 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.

David Serits
(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 manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Emily Acquaviva Meredith Connor **X**Manager □Manager 3622 Lyckan Pkwy. Ste. 3003 Address: 3622 Lyckan Pkwy. Ste 3003 Address: \_ ■ Member □Member Durham, NC 27707 Durham, NC 27707 □Authorized Authorized Person Person Other\_CEO □Other\_\_\_ Other □Other ■ Manager Name: □Manager Name: \_\_\_\_\_ □Member □Member Address: Address: ☐ Authorized Authorized Person Person □Other\_\_\_\_ □ Other □Other □ □ Manager Name: □ Manager Name: □Member Address: □Member Address: \_\_\_\_ □ Authorized ☐ Authorized Person Person □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 gonstitues a third degree felony as provided for in s.817.155, F.S. Mendith Connor 22318283F9814DB Signature of an anthorized person-

Exped or printed name of signee

Meredith Connor



## NORTH CAROLINA Department of the Secretary of State

## CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

WW STAFFING, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 3rd day of May, 2017

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of July, 2023.

Elaine I Marshall

Secretary of State

Certification# 117352325-1 Reference# 20321173- Page: 1 of 1 Verify this certificate online at https://www.sosne.gov/verification

## 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: WW Staffing LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L L.C.," or "LLC.") (If name unavailable, orner alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LUC," or "LLC.") Florida (Jurisdiction under the law of which foreign limited liability company is organized) (Ff.I number, it applicable) 7/31/23 (Date first transacted business in Florida, if prior to registration.)
(See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 3622 Lyckan Pkwy Ste. 3003 3622 Lyckan Pkwy. Ste. 3003 (Mailing Address) (Street Address of Principal Office) Durham, NC 27707 Durham, NC 27707 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc Name: 7901 4th ST N Suite 300 Office Address: , Florida \_\_\_ St. Petersburg (City) 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.

David Sperts
(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 manage [up to six (6) total]: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Meredith Connor Emily Acquaviva □ Manager ☐ Manager 3622 Lyckan Pkwy. Ste. 3003 Address: 3622 Lyckan Pkwy. Ste 3003 Address: □ Member □ Member Durham, NC 27707 Durham, NC 27707 □ Authorized □ Authorized Person Person □Other\_CEO □Other\_\_\_\_ Other Other\_\_\_\_ Name: \_\_\_\_\_ □Manager Name: ☐ Manager Address: \_\_\_\_\_\_ □Member □Member Address: □ Authorized ☐ Authorized Person Person □Other\_\_\_\_\_ Other\_\_\_\_ Other\_\_\_\_\_ Other □ Manager □Manager □Member Address: \_\_\_\_\_\_ □Member □ Authorized □ Authorized Person Person □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. Mendith Connor -22318283F9814D8 . Signature of an anthorized person Meredith Connor

Typed or printed name of signee



## NORTH CAROLINA Department of the Secretary of State

## CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

### WW STAFFING, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 3rd day of May, 2017

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of July, 2023.

Elaine I Marshall

Secretary of State

Certification# 117352325-1 Reference# 20324173- Page: 1 of 1 Verify this certificate online at https://www.sosnc.gov/verification