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

Office Use Only



900417242889

T. LEMIEUX OCT 30 2023

### **CT CORP**

### (850) 656- 4724 3558 lakesore Drive Tallahassee, FL 32312

10/27/2023

Da	ate:	10/27/2023	- wil SW
		Acc#I20160000072	
Name:	HIRECALI	LICENSING, LLC	
Document #:			
Order #:	15191966		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination:  Number of Certs:	
Filing: 🗸	Certified Plain: COGS:	d: 🗸	Email Address for Annual Report Notifications:
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount	t:\$ 155.00	

Thank you!

#### **COVER LETTER**

JBJECT:	HireCall Licensing, LLC					
	Name of Limited Liability Company					
e enclosed istence, au	d "Application by Foreign Limited Liability on check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flor				
ase return	all correspondence concerning this matter to	o the following:				
	Robert B. Sartin					
		Name of Person				
	Barrow & Grimm, P.C.					
		Firm/Company				
	110 West 7th Street, Suite 900					
		Address				
	Tulsa, Oklahoma 74119					
	C	ity/State and Zip Code				
	sartin@barrowgrimm.com					
	E-mail address: (to be	used for future annual report notification)				
r further i	nformation concerning this matter, please ca	II:				
Ro	bert B. Sartin	918 584-1600 at ( )				
_	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Та	llahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Fne	closed is a check for the following amount:					

TO: Registration Section

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

IN COMPILANCE 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 unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alterna	e name must incl	ude "Limited Liabii	lity Company," "L.L.C,"	
Oklahoma		_				
(Jurisdiction under the law of which foreign limited liability company is organized)		3	(FEI number, if applicable)			
	(Date first transacted business in Florida, if prior to n (See sections 605.0904 & 605.0905, F.S. to determin	egistration.) ne penalty liabilit	y)			
7131 Riverside Parkw			Riverside I	Parkway		
reet Address of Principal Office)		6		s)		
eet Address of Principal Office)			('Atminiß Vortez:	•,		
Tulsa, Oklahoma 7413	36	Tuls	a, Oklahoma	a 74136		
Nama and street addre	ss of Florida registered agent: (P.O. Box	NOT accen	table)	17.		
Name and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Box  C T Corporation System	NOT accep	table)		: 	
		NOT accep	table)			
Name:	C T Corporation System	NOT accep	- -	33324		
Name:	C T Corporation System  1200 South Pine Island Road	NOT accep	table) 	33324 (Zip code)		
Name: Office Address: egistered agent's accepaing been named as resignated in this applications of the provise comply with the provise	C T Corporation System  1200 South Pine Island Road  Plantation  (City)	rocess for the registered and comple	, Florida _ , Florida _ ne above sta agent and ag te performa	(Zip code)  ted limited lia  gree to act in	bility company at this capacity. I fu ies, and I am fam	

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: Daniel B. Roberts	□Manager	Name: Nancy L. Roberts				
□Member	Address:	■Member	Address: 7131 Riverside Parkway				
□Authorized	Tulsa, Oklahoma 74136	□Authorized	Tulsa, Okiahoma 74136				
Person		Person					
Other	Other	Other	Other				
□Manager	Name:	□Manager	Name:				
□Member	Address:	□Member	Address:				
□Authorized		□Authorized					
Person		Person	<del></del>				
Other	Other	□Other					
□Малаger	Name:	□Manager	Name:				
□Member	Address:	□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. 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 sociion 601.0203 (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  Robert B. Sartin, Authorized Person  Typed or printed name of signee							

#### OFFICE OF THE SECRETARY OF STATE



# CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>HIRECALL LICENSING, LLC</u> whose registered agent is <u>ROBERT B SARTIN</u>, with its registered office at <u>110 WEST SEVENTH STREET SUITE 900 TULSA 74119 1044 USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>26th</u>, day of <u>October</u>, <u>2023</u>.

Secretary Of State