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Da	ate:	11/16/2023	- w: 1 > W
		Acc#I20160000072	an: Cook
Name:	STAFFPAY,	LLC	<u> </u>
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Thank you!

Registration Section

TO:

COVER LETTER

JECT:	Staffpay, LLC	
	Nam	e of Limited Liability Company
enclosed tence, and	"Application by Foreign Limited Liability d check are submitted to register the above	Company for Authorization to Transact Business in Florida," Cer referenced foreign limited liability company to transact business
se return :	all correspondence concerning this matter t	o the following:
	Claudine Welsh	
		Name of Person
	Staffpay, LLC	
		Firm/Company
	9851 Irvine Center Dr., Suite 200	
		Address
	Irvine, CA 92618	
	C	ity/State and Zip Code
	ap@emplicity.com	
	E-mail address: (to be	e used for future annual report notification)
further in	formation concerning this matter, please ca	11:
Claudine Welsh		714 230-4760 at ()
	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

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

IN COMPLANCE 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:

i name unavailable, enter alternate n	ame adopted for the purpose of transacting business in F	lorida. The alternate n	iame musi include "Limited Lial	bility Company," '	T. L.C."	or "LLC
California		33-06 3.	80357			
(Jurisdiction under the law of which foreign limited liability company is organized)		3(FEI number, if applicable)				_
Upon Filing						
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration) nine penalty liability)				
9851 Irvine Center Dr.		9851 Irvine Center Dr.				
treet Address of Principal Office)		6	failing Address)			
Suite 200		Suite 2	200			
Irvine, CA 92618		lrvine		2023		
Name and street address	s of Florida registered agent: (P.O. Bo:	x <u>NOT</u> accepta	ble)		NOV 16	
Name:	C T Corporation System			• •	M 9	;;
Office Address:	1200 South Pine Island Road			•	<u>-</u>	
	Plantation		33324			
	(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.

By: SEAN L. EMERICK, ASSISTANT SECRETARY Sea Chumb (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:	Title or Capacity:		Name and Address:
□Manager	Name: VICTOR S. TANON	□Manager	Name:	· -
■Member	Address:	□Member	Address:	
□Authorized	Suite 200	□Authorized		
Person	Irvine, CA 92618	Person		
Other	Other	Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized	1 1 1 1	
Person		Person		
Other	Other	□Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	<u> </u>
□Authorized		□Authorized		 -
Person		Person	-	
Other	Other	□Other		□Other
9. Attached is a cert jurisdiction under the of the translator mu 10. This document	is executed in accordance with section 605.0203 (ment to the Department of State constitutes a third Docusigned by: Victor Taxon 7734409705FASTgnature of a	da Department of State ly authenticated by the s in a foreign language 1) (b), Florida Statutes	e Annual Repo official having , a translation . I am aware th	rt form. g custody of records in the of the certificate under oath hat any false information
	Victor S. Tanon			
	Typed or prin	ned name of signee		



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: STAFFPAY, LLC
Entity No.: 202129410286
Registration Date: 10/18/1995

Entity Type: Limited Liability Company - CA

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 17, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 151706415

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.