

M24000003114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

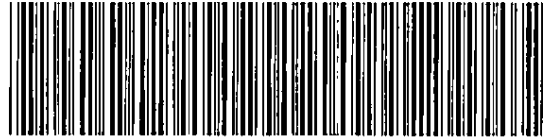
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED

2024 MAR 11 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2024 MAR 11 PM 2:46

MAR 12 2024

K. Brumbley



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext:
Date: 03/11/24
Order #: 1446473-1
Re: Employment Geeks Services, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125 - FL State Account Number:
I20000000195

Certificate of Good Standing from State of Incorporation
AUTH

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over the word 'AUTH'.

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Employment Geek's Services LLC

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:

Thomas Kamvosoulis Esq

Name of Person

Brach Eichler L L C

Firm Company

101 Eisenhower Parkway

Address

Roseland New Jersey 07068

City, State and Zip Code

matt.kaplan@activestaffing.com

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

For further information concerning this matter, please call

Thomas Kamvosoulis Esq

973

228-5700

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 510
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 & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee & Certificate of Status
Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 609.02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1 Employment Geeks Services, LLC

(Name of Foreign Limited Liability Company) (Include "Limited Liability Company," "LLC," or "LLC")

2 If name is available, please provide name address for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC."

Delaware

99-1805984

3 (Name of member for the purpose of transacting business in Florida)

(Tax number, if applicable)

Upon filing of this application

4 (Date first transacted business in Florida. If prior to filing application,
See section 609.02(4)(a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), (l), (m), (n), (o), (p), (q), (r), (s), (t), (u), (v), (w), (x), (y), (z).

8040 NW 95th Street

8040 NW 95th Street

5 (Street Address of Foreign Office)

6 (Mailing Address)

Suite 108

Suite 108

Hialeah Gardens, FL 33016

Hialeah Gardens, FL 33016

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

Name

Matt Kaplan

Office Address

8040 NW 95th Street, Suite 108

Hialeah Gardens

33016

, Florida

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.

Matt Kaplan
(Registered agent's signature)

Matt Kaplan

2024 MAR 11 PM 2:46

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).

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name <u>Benny Elzweig</u>	☐ Manager	Name <u> </u>
☒ Member	Address <u>8040 NW 95th Street</u>	☐ Member	Address <u> </u>
☐ Authorized Person	<u>Suite 109, Hialeah Gardens</u> <u>FL 33016</u>	☐ Authorized Person	<u> </u> <u> </u>
☐ Other <u> </u>	☐ Other <u> </u>	☐ Other <u> </u>	☐ Other <u> </u>
☐ Manager	Name <u> </u>	☐ Manager	Name <u> </u>
☐ Member	Address <u> </u>	☐ Member	Address <u> </u>
☐ Authorized Person	<u> </u> <u> </u>	☐ Authorized Person	<u> </u> <u> </u>
☐ Other <u> </u>	☐ Other <u> </u>	☐ Other <u> </u>	☐ Other <u> </u>
☐ Manager	Name <u> </u>	☐ Manager	Name <u> </u>
☐ Member	Address <u> </u>	☐ Member	Address <u> </u>
☐ Authorized Person	<u> </u> <u> </u>	☐ Authorized Person	<u> </u> <u> </u>
☐ Other <u> </u>	☐ Other <u> </u>	☐ Other <u> </u>	☐ Other <u> </u>

Important Notice: Use an attachment to report more than six (6). The attachment will be indexed 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 officer 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 605.02(3)(1), 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.

Benny Elzweig
Signature

Benny Elzweig, Sole Member and Authorized Person

Delaware

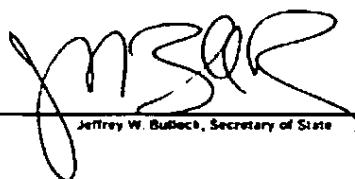
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EMPLOYMENT GEEKS SERVICES, 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 ELEVENTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EMPLOYMENT GEEKS SERVICES, LLC" WAS FORMED ON THE FIFTH DAY OF MARCH, A.D. 2024.

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



Jeffrey W. Bullock, Secretary of State

3211144 8300

SR# 20240950776

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

Authentication: 202989287

Date: 03-11-24