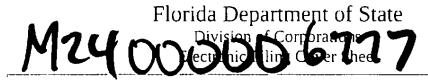
Division of Corporations

Page: 1/4



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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Foreign Limited Liability Company Pro Staffing Agency LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

5/29/2024 10:33:08 PDT . To: 18506176383 Page: 2/4 Fax: 8134365206

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 TOTRANSACT BUSINESS. IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company: must include "Limited L	Tability Company," "L.IC.," or "LLC.")				
f name unavailable, enter alternote	name adopted for the purpose of transacting business in Flori	da. The alternate name must include "Lumited Liability Company," "LLC	or "LLC.")			
Tennessee		3 99-3080416				
(Jurisdiction under the law of v	which foreign limited liability company is organized)	(FEI number, if applicable)				
	(Date first transacted business in Florida, if prior to reg (See sections 605,0904 & 605,0905, F.S. to determine	istration.) penalty hability)				
201 Rue Beauregard S	STE 202	6. (Mailing Address)				
reet Address of Principal Office)		(Mailing Address)				
Lafayette LA 70508		Lafayette LA 70508				
Name and street addre	ss of Florida registered agent: (P.O. Box.)	NOT acceptable)				
Name:	Registered Agents Inc	2024 HAY 29 \$5000 Think				
Office Address:	7901 4th St N STE 300	σ	*****			
	St. Petersburg	- Florida 33702 - データ・				
	(City)	(Zip code)				
egistered agent's acceptainty been named as re-	egistered agent and to accept service of pre ition, I hereby accept the appointment as i	ocess for the above stated limited liability company egistered agent and agree to act in this capacity. I	further ag			
comply with the provis	ions of all statutes relative to the proper a is of my position as registered agent.	nd complete performance of my duties, and I am Jo	imiliar wi			

(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: Baltutat, Troy	□Manager	Name:	
⊠ Member	Address: 7901 4th St N STE 300	□Member	Address:	
□Authorized	St. Petersburg FL 33702	□Authorized		
Person		Person		
□Other	Other	☐ Other		□ Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□ Authorized		
Person		Person		
□Other	Other	☐ Other		Other
∐Manager	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 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.

Robins	porcy	
	Signature of an authorized person	
Robin Jones		
	Typed or printed name of signee	

5/29/2024 10:33 08 PDT . Ta. 18506176383 Page: 4/4 Fax: 8134365206



Request #:

Status:

Division of Business Services **Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

FILER TWENTYONE TWENTYONE

May 22, 2024

FILER TWENTYONE TWENTYONE STE 200B 784 S CLEARWATER STE 200B POST FALLS, ID 83854

Request Type: Certificate of Existence/Authorization

0584551

Issuance Date: 05/22/2024

Copies Requested:

Control #:

1542087

Document Receipt

Receipt # . 009013936 Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3874644827

\$20.00

Regarding: Pro Staffing Agency LLC

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 05/17/2024

Date Formed: 05/17/2024 Formation Locale: TENNESSEE

Active

Duration Term: Perpetual Inactive Date:

Business County: BLOUNT COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Pro Staffing Agency LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

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