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Florida Department of State  
 Division of Corporations  
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To:  
 Division of Corporations  
 Fax Number : (850)617-6383

From:  
 Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (614)280-3338  
 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: accounting@the-job-shop.com

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2024 JUN 12 AM 10:10

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 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

24 JUN 12 PM 4:06

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 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

Foreign Limited Liability Company  
 Impact Employment Solutions of Kentucky, I.L.C

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Impact Employment Solutions of Kentucky, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Ohio 35-2454632
(Incorporation under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 85 South Laurel Road P. O. Box 1444
(Street Address of Principal Office) (Mailing Address)
London, KY 40744 London, KY 40743

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation Florida 33324
(City) (Zip code)

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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: CT Corporation System assistant secretary
(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:

Manager Name: Gary Haskins

Member Address: Impact Employment Solutions  
136 North Huron Street  
Toledo, OH 43604

Authorized Person

Other Treasurer  Other

Title or Capacity: Name and Address:

Manager Name: Tiffany Smiddy

Member Address: Impact Employment Solutions  
85 South Laurel Rd / P O Box 1444  
London, KY 40744 / London, KY 40743

Authorized Person

Other  Other

Manager Name: Lisa Felts

Member Address: Impact Employment Solutions  
85 South Laurel Rd / P O Box 1444  
London, KY 40744 / London, KY 40743

Authorized Person

Other  Other

Manager Name: Arty Daniels

Member Address: Impact Employment Solutions  
85 South Laurel Rd / P O Box 1444  
London, KY 40744 / London, KY 40743

Authorized Person

Other  Other

Manager Name: Jonn Appold

Member Address: Impact Employment Solutions  
136 North Huron Street  
Toledo, OH 43604

Authorized Person

Other  Other

Manager Name: Gary Murphy

Member Address: Impact Employment Solutions  
136 North Huron Street  
Toledo, OH 43604

Authorized Person

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.

Lisa Felts  
Signature of an authorized person

Lisa Felts  
Typed or printed name of signer

“

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show IMPACT EMPLOYMENT SOLUTIONS OF KENTUCKY, LLC, an Ohio Limited Liability Company, Registration Number 2135557, was organized in the State of Ohio on September 10, 2012, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 31st day of May, A.D. 2024.*

*Frank LaRose*

Ohio Secretary of State

Validation Number: 202415203148