

**M24000010069**

# Florida Department of State

Division of Corporations

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## Foreign Limited Liability Company

1099 Workers, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

*IN COMPLIANCE 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:*

1. 1099 Workers, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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. Wyoming 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 13010 Morris Rd, Suite 600 6. 8000 IH 10 West Suite 705  
(Street Address of Principal Office) (Mailing Address)  
Alpharetta, GA 30004 San Antonio, TX 78230

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

Name: Corporate Creations Network Inc.  
Office Address: 801 US Highway 1  
North Palm Beach 33408  
(City) (Zip code)  
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.*

/s/ Kunning Chen Kunning Chen, Special Secretary  
(Registered agent's signature)

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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>
<input checked="" type="checkbox"/> Manager	Name: Ernesto Hinojosa	<input type="checkbox"/> Manager	Name: Mouhamet Seye
<input type="checkbox"/> Member	Address: 13010 Morris Rd, Suite 600	<input type="checkbox"/> Member	Address: 13010 Morris Rd, Suite 600
<input type="checkbox"/> Authorized	Alpharetta, GA 30004	<input type="checkbox"/> Authorized	Alpharetta, GA 30004
Person		Person	
<input checked="" type="checkbox"/> Other Vice President	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other President	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Ephraim Olson	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 13010 Morris Rd, Suite 600	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	Alpharetta, GA 30004	<input type="checkbox"/> Authorized	
Person		Person	
<input checked="" type="checkbox"/> Other Treasurer	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.

/s/ Kunning Chen

Signature of an authorized person

Kunning Chen, Attorney-in-Fact

Typed or printed name of signer

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office.

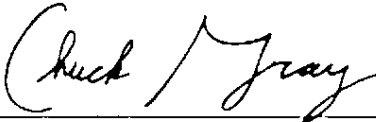
**1099 Workers, LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **July 25, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001304781**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 5th day of August, 2024 at 9:55 AM. This certificate is assigned ID Number 074976129.



  
Secretary of State