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APPROVED FILED

DEC 27 2024 K. Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 766432 7879049

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: November 14, 2024

ORDER TIME : 2:15 PM

ORDER NO. : 766432-605

CUSTOMER NO: 7879049

\_\_\_\_\_

### FOREIGN FILINGS

NAME: BBSI PEO SERVICES II, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: \_\_\_\_\_

## 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.")		
dame unavailable, ester alternate d	ame adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Li	ability Company," "L.L.C," or "LLC	
Washington		33-1366061		
(Jurisdiction under the law of w	nich foreign limited liability company is organized)	3(FEI number, if applicable)		
	(Data first impracted business in Florids of page to re-	gistration \	<del></del>	
8100 NE Parkway Dr	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine tive, Suite 200,	penalty liability) 8100 NE Parkway Drive,	Suite 200,	
rect Address of Principal Office)		6. (Mailing Aiklress)		
Vancouver, WA 9866		Vancouver, WA 98662		
Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	2024 DEC 27 PM  M CRESIANT OF  JANUARY SEPTEMBER  REPRESENTATION  REPRESENTATI	
Office Address:	1201 Hays Street			
	Tallahassee	32301 , Florida	, ""; <b>-</b>	
	(City)	(Zip code)	<del> </del>	

By:

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: Anthony Harris Name: **■**Manager □Manager Name: **UMember** Address: □Member Address: 8100 NE Parkway Drive, Suite 200 □ Authorized □ Authorized Vancouver, WA 98662 Person Person LIOther ... □Other Other ...Other Name: \_\_\_\_\_ □Manager Name: □Manager □ Member Address: ☐ Member Address: \_\_\_\_\_\_ □ Authorized □ Authorized Person Person Other\_\_\_\_ □Other\_\_\_\_ Other ☐Other\_\_ Name: Name: □Manager □Manager □Member □Member Address:

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.

□Other\_\_\_\_\_

□ Authorized

Person

Other \_ \_\_\_

- 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.

Signature of mumboxized person

**Anthony Harris** 

☐ Authorized

Person

Other\_\_

Typed or printed name of signee

CSC 766432

□Other\_\_\_\_



# The State of Washington

## Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE

OF

#### BBSI PEO SERVICES II, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 10/02/2024.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 12/19/2024 UBI Number: 605 611 198



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

the R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 12/19/2024