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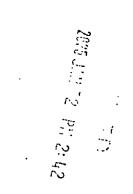
(Re	equestor's Name)	
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#### COVER LETTER

TO:

Registration Section

	ARK STAFFING SOLUTIONS, LLC	
JECT:		of Limited Liability Company
enclosed tence, ar	d "Application by Foreign Limited Liability Cond check are submitted to register the above r	Company for Authorization to Transact Business in Florida," Cert referenced foreign limited liability company to transact business in
se return	all correspondence concerning this matter to	o the following:
	David M. Baglien	
		Name of Person
	The Rose Group S.C.	
	<u></u>	Firm/Company
	1134 N 9th St Suite 220	
		Address
	Milwaukee, WI 53233	
	C	ity/State and Zip Code
	dmb@rosegrouplaw.com	
	E-mail address: (to be	used for future annual report notification)
further i	nformation concerning this matter, please cal	II:
Ca	te M. Heerey	414 274-1400
	Name of Contact Person	at ()
	niling Address: egistration Section	Street Address: Registration Section
	vision of Corporations	Division of Corporations
	O. Box 6327	The Centre of Tallahassee
	llahassee, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
Enc	closed is a check for the following amount:	O COTMENT (NE STATE
	rase make check payable to: FLORIDA DEF \$125.00 Filing Fee S130.00 Filing Fe Certificate of	e & 🔳 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Cert

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREKIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate i	ame adopted for the purpose of transacting busine	55 in Florida. The alto	mate name must include "Limited Liability	Company," "I. L.C," o	or "1,1.0
Wisconsin			35-2486325		
(Jurisdiction under the law of w	high foreign limited liability company is organized	<del></del> 3. –	(FEI number, if applicable)		
10/24/2024				_	
	(Date first transacted business in Florida, if p (See sections 605,0904 & 605,0905, F.S. to	derenning penalty lia	bility)		
W188S7634 Oak Grov	re Dr		V188S7634 Oak Grove Dr		
reef Address of Principal Office)		6	(Mailing Address)	<u> </u>	
Muskego, WI 53150		,\	tuskego, W1 53150		
_					
		_		-	
		_			
		_		~3	
Name and street address	ss of Florida registered agent: (P.O	. Box <u>NOT</u> ac	ceptable)	<b>2</b> 828	
Name and street address	ss of Florida registered agent: (P.O	. Box <u>NOT</u> ac	ceptable)	2525 J	_
	ss of Florida registered agent: (P.O C T Corporation	– . Box <u>NOT</u> ac	ceptable)	2578 J. 11 - 2	
Name and street address Name:		. Box <u>NOT</u> ac	ceptable)	2828 J. 11 - 2 F	_
Name:		. Box <u>NOT</u> ac	ceptable)	===	
	C T Corporation 1200 S Pine RD #250	. Box <u>NOT</u> ac		F1 2: 4	
Name:	C T Corporation	. Box <u>NOT</u> ac		FI 22	

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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Patrick Moore □Manager Name: ■ Manager Address: \_\_\_\_\_\_ ☐ Member □Member Address: W188S7634 OAK GROVE DR. ☐ Authorized ☐ Authorized Muskego, WI 53150 Person Person □Other\_\_\_\_\_ Other\_\_\_\_ Other □Other\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_ □ Manager □Manager □ Member Address: \_\_\_\_\_\_ □Member Address: \_\_\_\_\_\_ □ Authorized □ Authorized Person Person □Other \_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_\_ Name: \_\_\_\_\_ □Manager Name: \_\_\_\_ □Manager Address: \_\_\_\_\_\_ Address: \_\_\_\_\_ ☐ Member □Member 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. Nonindexed 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. Signature of an authorized person Patrick Moore Typed or printed name of signee

### United States of America State of Wisconsin

#### DEPARTMENT OF FINANCIAL INSTITUTIONS



Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, Kristie Pulvermacher, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

#### ARK STAFFING SOLUTIONS, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is August 12, 2020.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.0214 or 183.0212 Wis. Stats., but that it has not filed a statement or articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on December 30, 2024.

KRISTIE PULVERMACHER, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

vistic Pulvermecker

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: https://apps.dfi.wi.gov/apps/ccs/verify/

Enter this code: 40659

406596-589D72C8