

Division of Corporations

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

Please honor original  
date 01/07/2021

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614) 280-3338  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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Foreign Limited Liability Company  
Staff One, LLC

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

2021 JAN 11 PM 2:04

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1/12/21

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. Staff One, 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 "L.L.C.")

2. Oklahoma 73-1332142
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/01/2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S. to determine penny liability)

5. 12750 Merit Drive Suite 190 Dallas, Texas 75251
6. 2054 Vista Parkway Suite 300 West Palm Beach, FL 33411
(Street Address of Principal Office) (Mailing Address)

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

Name: Cogency Global Inc.
Office Address: 115 North Calhoun Street, Suite 4
Tallahassee, Florida 32301
(City) (Zip code)

2011.1.11 10:21:14

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: Rodney Waller
(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: John Gibson, Jr.

Member            Address: 911 Panorama Trail South

Authorized  
Person                                      Rochester, NY 14625

Other \_\_\_\_\_                                       Other \_\_\_\_\_

Title or Capacity:                                      Name and Address:

Manager          Name: Gordian Capital Holdings, L.L.C

Member            Address: 12750 Merit Drive

Authorized  
Person                                      Suite 190

Other \_\_\_\_\_                                       Other \_\_\_\_\_

Other \_\_\_\_\_                                       Other \_\_\_\_\_

Manager          Name: \_\_\_\_\_

Member            Address: \_\_\_\_\_

Authorized  
Person                                      \_\_\_\_\_

Other \_\_\_\_\_                                       Other \_\_\_\_\_

Manager          Name: \_\_\_\_\_

Member            Address: \_\_\_\_\_

Authorized  
Person                                      \_\_\_\_\_

Other \_\_\_\_\_                                       Other \_\_\_\_\_

Manager          Name: \_\_\_\_\_

Member            Address: \_\_\_\_\_

Authorized  
Person                                      \_\_\_\_\_

Other \_\_\_\_\_                                       Other \_\_\_\_\_

Manager          Name: \_\_\_\_\_

Member            Address: \_\_\_\_\_

Authorized  
Person                                      \_\_\_\_\_

Other \_\_\_\_\_                                       Other \_\_\_\_\_

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2014

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.



\_\_\_\_\_  
Signature of an authorized person

John Gibson, Jr.  
\_\_\_\_\_  
Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING  
DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that STAFF ONE, LLC whose registered agent is COGENCY GLOBAL INC., with its registered office at 15205 TRADITIONS LAKE PARKWAY EDMOND 73013 USA Oklahoma is a Domestic Limited Liability Company duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.

2/10/21  
-7 1:20:15



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 29th day of December, 2020.

*Ranae McGraw*

Secretary Of State