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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	78.75 Thank you!			

AFFIDAVIT

I, MICHAEL E. FRENCH, hereby affirms that I am the President of STAFF UP AMERICA, INC., a Florida corporation incorporated on May 22, 2024 with the Florida Secretary of State, and that I have the legal authority to make this Affidavit on behalf of myself, and the corporation for which I am acting.

I further affirm that STAFF UP AMERICA, INC., a Florida corporation, filed Articles of Dissolution on June 17, 2024, with the Florida Secretary of State.

I hereby authorize and grant permission for STAFF UP AMERICA, INC., a Minnesota corporation, to use the name STAFF UP AMERICA, INC., the name of the Florida corporation incorporated on May 22, 2024, in order to transact business as a foreign corporation under such name with the Florida Secretary of State by filing an Application by Foreign Corporation for Authorization to Transact Business in Florida.

Further Affiant'Sayeth Not.

IN WITNESS WHEREOF, the undersigned has signed this Affidavit on this 17th day of June, 2024.

STAFF UP AMERICA, INC.,

a Florida corporation

Michael E. French President

Resident

2002175.1

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of c	ornoration: must include "INCORPOR	ATED," "COMPANY," "CORPORATION,"	
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")		
(If name unavaile	able in Florida, enter alternate cornorate	te name adopted for the purpose of transacting business in Florida)	
	apie in Piorida, enter alternate corporati	, ,	
Illinois	y under the law of which it is incorpora	3. (FEI number, if applicable)	
December 14, 15		5. Perpetual (Date of duration, if other than perpetual)	
(Date	of incorporation)	(Date of datation, it objet than perpension	
· 	<u> </u>	The indicate maintains	
	(Date first transacted bus (SEE SECTIONS 607.1501 &	isiness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability)	
37 Wintergreen V	Vay, Ocala, FL 34482		
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	. (Princi	ipal office street address)	
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Name and stree	·	nt mailing address, if different)	
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Name:	(Current et address of Florida registered agen C T Corporation System	nt mailing address, if different) 122 11: (P.O. Box NOT acceptable)	
Name:	(Current address of Florida registered agen C T Corporation System 1200 South Pine Island Road	nt mailing address, if different) 122 11: (P.O. Box NOT acceptable)	
Name:	(Current et address of Florida registered agen C T Corporation System	nt mailing address, if different) nt: (P.O. Box NOT acceptable)	
Name:	(Current address of Florida registered agen C T Corporation System 1200 South Pine Island Road	nt mailing address, if different) nt: (P.O. Box NOT acceptable)	
Name: Office Address:	(Current address of Florida registered agen C T Corporation System 1200 South Pine Island Road Plantation (City)	nt mailing address, if different) nt: (P.O. Box NOT acceptable)	
Name: Tice Address: Registered age	(Current address of Florida registered agen CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: end as registered agent and to accept	nt: (P.O. Box NOT acceptable) 724 Thi: (P.O. Box NOT acceptable) 733324 74 75 77 77 78 79 79 79 79 79 79 79	
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1. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS			•				
□ Chairman	Michael E. French	Chairman	Name:				
□Vice Chairman	Address:	· □Vice Chairman	Address:				
Director	Michael E. French	Director					
■President -	Michael E. French	□President					
□Vice President		□Vice President					
Secretary Mich	nael E. French Treasurer Michael E. French	Secretary	Treasurer				
■ Other	E. French	□Other	Other				
□ Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
President		□President	i				
☐ Vice President		□ Vice President	·				
☐ Secretary	☐ Treasurer	☐ Secretary	☐ Treasurer				
☐ Other	Other	Other	Other!				
□ Chairman	Name:	□Chairman N	Jame:				
□Vice Chairman	Address:	. □Vice Chairman	Address:				
□ Director .	• • • • • • • • • • • • • • • • • • • •	□Director _	· · · · · · · · · · · · · · · · · · ·				
□ President _		□President _					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	☐Secretary •	☐Treasurer				
□Other	Other	□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 four Plorida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he of she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in							
Michael E. French President (Typed or printed name and capacity of person signification)							
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File Number

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To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

Department of Business Services. I certify that

STAFF UP AMERICA, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 14, 1993, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH day of A.D.JUNE 2024

Authentication #: 2416903550 verifiable until 06/17/2025

Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE