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## **CT CORP**

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D	ate:	06/18/2024	- 4: ( ) W
		Acc#I20160000072	W. Cook
Name:	Staff Up AS	O, Inc.	
Document #:			
Order #:	15670599		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination:  Number of Certs:	
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Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: 9	\$ 78.75	

Thank you!

#### **AFFIDAVIT**

I, MICHAEL E. FRENCH, hereby affirms that I am the President of STAFF UP ASO, 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 ASO, 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 ASO, INC., a Minnesota corporation, to use the name STAFF UP ASO, 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 ASO, INC., a Florida corporation

By: Wesident

Michael E. Fregon, President

# 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	orporation; must include "INCORPOR orp," "Inc," "Co," or "Corp.")	RATED," "(	COMPANY," "CORPORATIO	)N,"	
(If name unavail	able in Florida, enter alternate corporat	te name ado	pted for the purpose of transacti	ng business in Florida)	
Minnesota		3	•		
	y under the law of which it is incorpor	ated)	(FEI number, if a	oplicable)	
March 7, 2002		5. Per	5. Perpetual		
	of incorporation)		(Date of duration, if other	than perpetual)	
5	·				
,			rida, if prior to registration) F.S., to determine penalty liabil	itv)	
37 Wintergreen V	Vay, Ocala, FL 34482	£ 007.1302,	·	,	
		ingl office st	reet address)		
	(11115	.p 900 <u>2.</u>	· · · · · · · · · · · · · · · · · · ·	•	
	(Curren	t mailing ad	dress, if different)	·	
3. Name and stree	et address of Florida registered agen	it: (P.O. Bo	x <u>NOT</u> acceptable)	2024 .jj	
Name:	C T Corporation System		· •		
Office Address:	1200 South Pine Island Road	•		6	
	Plantation	· · · · · · · · · · · · · · · · · · ·	. Florida <sup>33324</sup>	cu	
	(City)		(Zip code)	ယ္	
Having been nan designated in this further agree to c and I am familia	ent's acceptance: sed as registered agent and to accept application, I hereby accept the ap omply with the provisions of all state with and accept the obligations of  Accept the Brown (Registered age	pointment tutes relativ my position	as registered agent and agree we to the proper and complete a as registered agent.	to act in this capacity. I	
	~ \			•	
. —	(Registered and	ent's signatu	ne)		

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

under the law of which it is incorporated. 3

A. DIRECTORS			•
□ Chairman	Name: Michael E. French	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chalrman	Address:
Director	Michael E. French	□Director	
<b>■</b> President	Michael E. French	□President	
□Vice President		□Vice President	
■Secretary Mic	hael E. French Treasurer Michael E. French	Secretary	Treasurer
<b>■</b> Other	E. French	Other	Other
□ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director-		Director	
□President		□President	
□Vice President		□Vice President	· ·
☐ Secretary	☐ Treasurer	□Secretary	☐ Treasurer
□Other	Other	Other	Other
□ Chairman	Name:	□Chairman ]	Name:
□Vice Chairman	Address:	□Vice Chairman	
Director	A STATE OF THE STA	☐ Director	
□President		□President	and the second
□Vice President		□Vice President	
☐Secretary .	□Treasurer	Secretary	☐ Treasurer
Other	Other,	☐Other	□Other
Important Notice: I	Ise an attachment to report more than six (6). The attack	honant will be imposed	
individuals may be	added to the index when filing your Florida Departmen	it of State Annual Repo	or form.
12.	Signature of Director or	Officer 3	T CEO
The officer of direction she is aware that fa s.817155, F.S.	tor signing this document (and who is listed in number ise information submitted in a document to the Departm	(1) above) affirms that	the facts stated herein are true and that he ore slating degree felony as provided for in
Michael F F	rench President	. Marini	A STATE OF THE STA
113. 117. 14. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16	. 4 (Typed or printed name and capacity of person		4.5

### Office of the Minnesota Secretary of State Certificate of Good Standing

1. Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

Staff Up ASO, Inc.

Date Filed:

03/07/2002

File Number:

12A-966

Minnesota Statutes, Chapter:

302A

Home Jurisdiction:

Minnesota

This certificate has been issued on:

06/17/2024

Steve Pimm



Steve Simon

Secretary of State State of Minnesota