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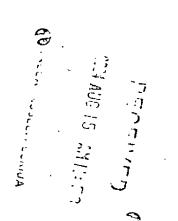
(Requestor's Name)
(Address)
V. S.
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600434692816

2024 AUG 15 PH 12: 36



AUG 1 5 2024

K. Brumbley



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date: 0	8/15/2024	
	Patrice Rush	<u> </u>
	2467093	
		ORCE ALLIANCE INC.
	of Incorporation/Authoriza	
Amendi	ment	
Change	e of Agent	
Reinsta	tement	
Conver	sion	
Merger		
Dissolu	tion/Withdrawal	
Fictitiou	s Name	
Other_		
Authorized Am	ount: \$70.00	
Signature:	(Past M	

F: 800.944.6607

under the law of which it is incorporated.

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.

iso monumet.	Alliance Inc.		
(Enter name of co	orporation; must include "INCORPORATED," orp." "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATIO	N."
(If name unavails	able in Florida, enter alternate corporate name ad	opted for the purpose of transacti	ng business in Florida)
Delaware	3	9-4272729	
(State or country under the law of which it is incorporated) 7/12/2024 5.		(FEI number, if applicable)	
(Date of incorporation)		(Date of duration, if other than perpetual)	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)	Torida, if prior to registration) 2, F.S., to determine penalty liabil	lity)
521 Bahia Beach	Blvd, Ruskin, FL 33570	· · · · · · · · · · · · · · · · · · ·	
	(Principal office	street address)	
			
	(Current mailing	address, if different)	
Name and street			
	et address of Florida registered agent: (P.O.		20
Name and stree			2024 A
Name:	et address of Florida registered agent: (P.O.		2024 AUG
Name:	et address of Florida registered agent: (P.O. Julie Cole 521 Bahia Beach Blvd	Box <u>NOT</u> acceptable)	2024 AUG 15
Name:	et address of Florida registered agent: (P.O. Julie Cole 521 Bahia Beach Blvd		5 =
Name: Office Address:	st address of Florida registered agent: (P.O. Julie Cole 521 Bahia Beach Blvd Ruskin (City)	Box <u>NOT</u> acceptable) Florida 33570	2024 AUG 15 PH 12:
Name: ffice Address: Registered age	et address of Florida registered agent: (P.O. Julie Cole 521 Bahia Beach Blvd Ruskin	Box NOT acceptable) Florida 33570 (Zip code)	15 PH 12: 3
Name: ffice Address: Registered age laving been namesignated in this	t address of Florida registered agent: (P.O. Julie Cole 521 Bahia Beach Blvd Ruskin (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme	Box NOT acceptable) Florida 33570 (Zip code) of process for the above state at as registered agent and agr	ed corporation at the plate to act in this capacit
Name: Office Address: Registered age laving been namesignated in this arther agree to contribute the contribute of the contribute agree to contribute agree ag	t address of Florida registered agent: (P.O. Julie Cole 521 Bahia Beach Blvd Ruskin (City) ent's acceptance: red as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes relatives.	Box NOT acceptable) Florida 33570 (Zip code) of process for the above state at registered agent and agrative to the proper and comple	ed corporation at the plate to act in this capacit
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Name: Office Address: Registered age laving been namesignated in this arther agree to contribute the contribute of the	t address of Florida registered agent: (P.O. Julie Cole 521 Bahia Beach Blvd Ruskin (City) ent's acceptance: red as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes relatives.	Box NOT acceptable) Florida 33570 (Zip code) of process for the above state at registered agent and agrative to the proper and comple	ed corporation at the plate to act in this capacit

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

Docusign Envelope ID: 1DD3FED6-6078-47E1-BF8A-ED68E5760EF6

A. DIRECTORS

□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address: 521 Bahia Beach Blvd	□Vice Chairman	Address: 2 The Waterhouse, Waterhouse			
Director	Ruskin, FL 33570	Director	Street, Hemel Hempstead, HP1 TES			
■ President		□President	United Kingdom			
□Vice President		□Vice President				
☐ Secretary	□Treasurer	■ Secretary	□Treasurer			
■Other	Other	Other COO	■Other CFO			
□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	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	Treasurer	□ Secretary	□Treasurer			
□Other	□()ther	□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 your Florida Department of State Annual Report form.						
12. Mic Car						
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 or she is aware that 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. Julie Cole, President						
13.						

(Typed or printed name and capacity of person signing application)

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ISO WORKFORCE ALLIANCE INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ISO WORKFORCE ALLIANCE INC." WAS INCORPORATED ON THE TWELFTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 204165954

Date: 08-14-24

4230196 8300 SR# 20243420112