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

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (614)573-3996

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Legal.houston@ten.com

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**T.EN Workforce Solutions, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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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.

1. T.EN Workforce Solutions, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Louisiana 3. 26-1193347 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/03/2007 5. (Date of incorporation) (Date of duration, if other than perpetual)

6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 15377 Memorial Drive, Suite 1400, Houston, TX 77079 (Principal office street address)

(Current mailing address, if different)

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

Name: C T Corporation System Office Address: 1200 South Pine Island Road Plantation FL 33324 (City) (Zip code)

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9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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: C T Corporation System Sherry McGinnes, Asst Secretary (Registered agent's signature)

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 under the law of which it is incorporated.

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

A. DIRECTORS

Chairman Name: Christophe Armengol
 Vice Chairman Address: 15377 Memorial Drive
Suite 1400
 Director
 President
Houston, TX 77079
 Vice President
 Secretary  Treasurer
 Other  Other

Chairman Name: Jody DeStefanis
 Vice Chairman Address: 15377 Memorial Drive
Suite 1400
 Director
 President
Houston, TX 77079
 Vice President
 Secretary  Treasurer
 Other  Other

Chairman Name:
 Vice Chairman Address:
 Director
 President
 Vice President
 Secretary  Treasurer
 Other  Other

Chairman Name: Jody DeStefanis
 Vice Chairman Address: 15377 Memorial Drive
Suite 1400
 Director
 President
Houston, Texas 77079
 Vice President
 Secretary  Treasurer
 Other  Other

Chairman Name:
 Vice Chairman Address:
 Director
 President
 Vice President
 Secretary  Treasurer
 Other  Other

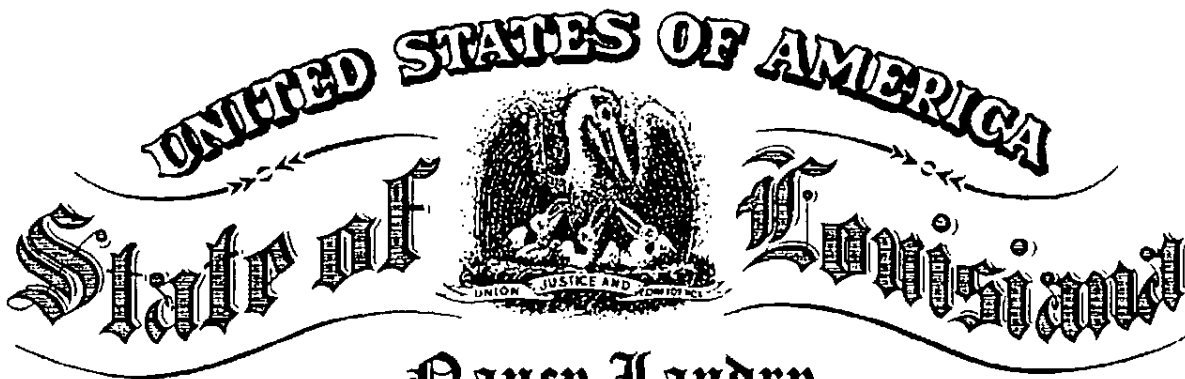
Chairman Name:
 Vice Chairman Address:
 Director
 President
 Vice President
 Secretary  Treasurer
 Other  Other

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. [Signature] 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.

13. Jody DeStefanis, VICE PRESIDENT
(Typed or printed name and capacity of person signing application)



**Nancy Landry**  
 SECRETARY OF STATE

*As Secretary of State of the State of Louisiana, I do hereby Certify that*

**T.EN WORKFORCE SOLUTIONS, INC.**

A corporation domiciled in BATON ROUGE, LOUISIANA,

Filed charter and qualified to do business in this State on October 03, 2007,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

January 30, 2025

*Nancy Landry*

*Secretary of State*

Web 36556218D



Certificate ID: 11989223#WVMJ62

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.  
[www.sos.la.gov](http://www.sos.la.gov)