DOC ID ----> 202504104474

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
02/11/2025	202504104474	FOREIGN LLC - CERTIFICATE OF REGISTRATION (LFP)	99.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

CORPORATION SERVICE COMPANY
251 LITTLE FALLS DRIVE
WILMINGTON, DE 19808

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

5356157

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

ALTERNATIVE WORKFORCE SOLUTIONS LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
FOREIGN LLC - CERTIFICATE OF REGISTRATION	**202504104474**
Effective Date: 02/10/2025	

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 11th day of February, A.D. 2025.

Ohio Secretary of State

DOC ID ----> 202504104474

Form 617 Prescribed by:

Frank LaRose
Ohio Secretary of State

Date Electronically Filed: 2/10/2025

Telphone: 877.767.3453

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Registration of a Foreign Limited Liability Company

For a Foreign (Non-Ohio) Limited Liability Company

Filing Fee: $99

Form Must Be Typed

106-LFA

Name of Limited Liability Company in its jurisdiction of formation

ALTERNATIVE WORKFORCE SOLUTIONS LLC

Assumed Name, if the name above does not comply with section 1706.07 of the Revised Code

(Name must include one of the following words or abbreviations: "limited liability company", “limited”, "LLC", "L.L.C.", "ltd.", or "ltd".)

Jurisdiction of formation DE

The foreign limited liability company is a foreign limited liability company.

Optional: Effective Date (MM/DD/YYYY) 2/10/2025 Effective Time

Pursuant to Ohio Revised Code Section 1706.172(D), a registration of a foreign limited liability company delivered to the Ohio Secretary of State for filing under this chapter may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. A registration of a foreign limited liability is effective as provided in Ohio Revised Code Section 1706.172(D).

If applicable, attach information required in section 1706.511(C) if the foreign limited liability company establishes or provides for the establishment of one or more series of assets.

Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

ALTERNATIVE WORKFORCE SOLUTIONS LLC

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

CORPORATION SERVICE COMPANY

(Name of Statutory Agent)

1160 DUBLIN RD STE 400

(Mailing Address)

COLUMBUS | OH | 43215

(Mailing City) | (Mailing State) | (Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, CORPORATION SERVICE COMPANY , named herein as the

(Name of Statutory Agent)

Statutory agent for ALTERNATIVE WORKFORCE SOLUTIONS LLC

(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature CORINNA BIALECKI ON BEHALF OF CORPORATION SERVICE COMPANY

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

This filing must be signed by at least one person authorized by the limited liability company.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

DAVID A. BRAINARD
Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name