



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed)

For Office Use Only

-FILED-

File #: 0003553356

Date Filed: 6/18/2019 2:27:00 PM

1. The name of the entity is: STS Workforce Solutions, LLC
2. The name which it shall use in Idaho is: _____
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
<input type="checkbox"/> Other: _____ (Use "Other" only if your foreign entity type is not listed above, and enter the type here.)	
4. Jurisdiction of formation: Delaware
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
2000 NE Jensen Beach Blvd., Jensen Beach, FL 34957
(Street Address)

(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

(Street Address)

(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:

(Address)
8. Name and street address of registered agent in Idaho:
C T Corporation System, 921 S Orchard Street, Suite G, Boise, ID 83705
(Name and Address)
9. The name, capacity, and mailing address of at least one governor:

<u>Philip Anson, Jr.</u>	<u>Manager</u>	<u>2000 NE Jensen Beach Blvd., Jensen Beach, FL 34957</u>
(Name)	(Capacity)	(Address)
_____	_____	_____
(Name)	(Capacity)	(Address)

Secretary of State use only

Typed Name: Michele Holden

Signature: Michele Holden

Capacity: Manager

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STS WORKFORCE SOLUTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JUNE, A.D. 2019.

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



7222034 8300

SR# 20195447285

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203028854

Date: 06-14-19

B02556-7606 06/18/2019 2:27 PM Received by ID Secretary of State Lawrence Denney

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT STS Workforce Solutions, Inc. a Corporation incorporated under the laws of the state of Florida does hereby appoint Patricia Belanger, Jennifer Kurz, Michele Holden, Robert Downing, Kimberly Bowens, Chantalle Rufen-Blanchette, Ternell Kearney and Lucy Bommareddy, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the Corporation to act for the Corporation and in the Corporation's name for the limited purposes authorized herein.

The Corporation and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to withdraw, dissolve, convert the subsidiary and qualify the converted Corporation in any state, as directed and authorized by the Corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Patricia Belanger, Jennifer Kurz, Michele Holden, Robert Downing, Kimberly Bowens, Chantalle Rufen-Blanchette, Ternell Kearney and Lucy Bommareddy, shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 10th day of June, 2019

STS Workforce Solutions, Inc.
A Florida Corporation

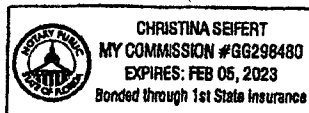
By: [Signature]
Name: Michael C. Sommers
Title: CFO/Sec/Treas.

State of Florida
County of Martin

On 6/10/19, before me, the undersigned, a Notary Public in and for said State, personally appeared Michael C. Sommers, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

[Signature]
Notary Public



Schedule A

- Tactical Workforce Solutions, Inc.
- STS Workforce Solutions, Inc.
- STS Services, Inc.
- STS Engineering Services, Inc.
- BMP Services, Inc.
- Airplanes, Inc.
- Tactical Workforce Solutions, LLC
- STS Workforce Solutions, LLC
- STS Services, LLC
- STS Engineering Services, LLC