

APPLICATION FOR AUTHORITY



Corporation Division
sos.oregon.gov/business

E-FILED

Jan 27, 2025

OREGON SECRETARY OF STATE

REGISTRY NUMBER

235694098

TYPE

FOREIGN LIMITED LIABILITY COMPANY

1. ENTITY NAME

ICAREJOBPAIR LLC

2. MAILING ADDRESS

119 VILLAGE RD
WILLOWBROOK IL 60527 USA

3. NAME & ADDRESS OF REGISTERED AGENT

75788399 - REGISTERED AGENTS INC

5441 S MACADAM AVE
SUITE R
PORTLAND OR 97239 USA

4. MEMBERS/MANAGERS

MEMBER

CANDACE E FORTSON

119 VILLAGE RD
WILLOWBROOK IL 60527 USA

5. MANAGEMENT

This Limited Liability Company will be member-managed by one or more members

6. DATE OF ORGANIZATION

10-27-2021

7. DURATION

PERPETUAL

8. JURISDICTION

IL

9. PRIMARY PHYSICAL LOCATION

119 VILLAGE RD
WILLOWBROOK IL 60527 USA



I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

CANDACE EVEYAN FORTSON

TITLE

MEMBER

DATE

01-25-2025