



**Secretary of State  
Statement of Information  
(Limited Liability Company)**

**LLC-12**

**146**

**21-308960**

**FILED**

Secretary of State  
State of California

**JUL 08 2021**

**IMPORTANT — This form can be filed online at [bizfile.sos.ca.gov](http://bizfile.sos.ca.gov).**

**Read instructions before completing this form.**

**Filing Fee — \$20.00**

**Copy Fees —** First page \$1.00; each attachment page \$0.50;  
Certification Fee - \$5.00 plus copy fees

*Above Space For Office Use Only*

**1. Limited Liability Company Name** (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)

**Winworks Software LLC**

**2. 12-Digit Secretary of State Entity (File) Number**

**2 0 2 1 1 8 8 1 0 0 3 8**

**3. State, Foreign Country or Place of Organization** (only if formed outside of California)

**Delaware**

**4. Business Addresses**

a. Street Address of Principal Office - Do not list a P.O. Box <b>540 Devall Drive, Suite 301</b>	City (no abbreviations) <b>Auburn</b>	State <b>AL</b>	Zip Code <b>36832</b>
b. Mailing Address of LLC, if different than Item 4a	City (no abbreviations)	State	Zip Code
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box	City (no abbreviations)	State <b>CA</b>	Zip Code

**5. Manager(s) or Member(s)**

If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and address(es) on Form LLC-12A.

a. First Name, if an individual - Do not complete Item 5b	Middle Name	Last Name	Suffix
b. Entity Name - Do not complete Item 5a <b>Fullsteam Operations LLC</b>			
c. Address <b>540 Devall Drive, Suite 301</b>	City (no abbreviations) <b>Auburn</b>	State <b>AL</b>	Zip Code <b>36832</b>

**6. Service of Process** (Must provide either Individual OR Corporation.)

**INDIVIDUAL** - Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box			

**CORPORATION** - Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 6a or 6b <b>Incorporating Services, Ltd. (C 2892002)</b>
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**7. Type of Business**

Describe the type of business or services of the Limited Liability Company

**Software as a Service**

**8. Chief Executive Officer, if elected or appointed**

a. First Name <b>Michael</b>	Middle Name <b>A.</b>	Last Name <b>Lawler</b>	Suffix
b. Address <b>540 Devall Drive, Suite 301</b>	City (no abbreviations) <b>Auburn</b>	State <b>AL</b>	Zip Code <b>36832</b>

**9. By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.**

**4.27.2021**

**Michael A. Lawler**

**CEO**

Date

Type or Print Name of Person Completing the Form

Title

Signature