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Filing and License Fee: \$310.00 minimum	ID Number:	CORPOI 2010 HAR	
STATE OF RHODE ISLAND AND PROVIDENCE PLANTAT Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615 BUSINESS CORPORATION APPLICATION FOR CERTIFICATE OF AUTHORIT		AR -2 AM 10: 46	ECEIVED II
Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, a corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode the following statement:	s amended, the und Island, and for that	ersigned forei purpose subm	ign tits
1. The name of the corporation is <u>Neclix Staffing Solutions Inc.</u>			
2. It is incorporated under the laws of			
3. The name, if different, which it elects to use in Rhode Island is:			
 (a) If the name of the corporation in its jurisdiction of incorporation does not contain "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious in qualify and transact business in Rhode Island as stated in the "Fictitious Business Napplication: 	ation with the addition	e corporation	
4. The date of its incorporation is 0 1 2 4 200 i and the period of its duration. 5. The address of its principal office in the state or country under the laws of which it is incorporated.	, ,	101 2	
477 E Butterfield Rd. Suite 400, Lombard. IL		59	< <u></u>
6. The address of its proposed registered office in Rhode Island is 222 Infferson (Street	BIVOL SUL Address, <u>not</u> P.O. Box		
That address is The Cover Cervices (Name of Agent)			
7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode I: Medix Staffing Solutions inc. is a national across.		<u>}</u>	<u> </u>
 (a) The names and respective addresses of its directors (optional unless directors are required of which it is incorporated). 		e state or cou	intry
	ddress		. 1 15
Director Director Director Director Director Director Andrew Limburis Classic Circulates 477 & Butterfield #44 477 & Butterfield #44 477 & Butterfield #44 477 & Butterfield #44	00 Lombara 00 Lombara	1 16 6014 1 16 6014 1 16 6014	48 48

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((b) The names and respective addresses of its principal state or country of which it is incorporated). <u>Name</u>			corporated).	I officers (mandatory if directors are not required under the laws of the <u>Address</u>				
	President								
		e President easurer							
	Se	cretary							
9.	The and	aggregate num series, if any, v	ber of shares w ithin a class, is	which it has authority to is	ssue, itemized by classes, p	oar value of shares, shares without par value,			
					0.4	Par Value or Statement that Shares are without Par Value			
		Number of ∶	Shares	<u>Class</u> ₩A	<u>Series</u> N A	NHA			
10.	(a)	An estimate o			ned by the corporation for	r the following year, wherever located, is			
	(b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is \$								
	(c)	located within	this state during	i the following year bears	s to the value of all propert	value of the property of the corporation to be y of the corporation to be owned during the nuttiply by 100 to obtain the percentage].			
11.	(a) An estimate of the gross amount of business to be transacted by the corporation during the following year is \$\(\frac{\psi_0}{200}\), \(\cho 0.00\).								
	(p)	An estimate Island during	estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode and during the following year is \$ $60,000$						
	(c)	(c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is % [divide (b) by (a) and multiply by 100 to obtain the percentage].							
12.			pplication is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws to it is incorporated.						
13.	13. This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90 th day after the date of this filing								
Da	ate:	_2[4]2	<i>010</i>	<u></u>	examined this Application any accompanying a contained herein are true Signature of A	jury, I declare and affirm that I have ion for Certificate of Authority, including attachments, and that all statements ue and correct. The first of the Corporation of the Name of Authorized Officer			

File Number

6147-048-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MEDIX STAFFING SOLUTIONS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 24, 2001, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1002801876
Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH

day of

JANUARY

A.D.

2010

Desse White

SECRETARY OF STATE



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

