### Filing and License Fee: \$310.00 minimum



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

#### **BUSINESS CORPORATION**

## **APPLICATION FOR CERTIFICATE OF AUTHORITY**

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1.	. The name of the corporation is STAFFPAY, INC.									
2.	It is incorporated under the laws of CALIFORNIA									
3.	The name, if different, which it elects to use in Rhode Island is:									
	(a)	"incorpo		ation thereof, the	orporation does not contain the word "c in list the name of the corporation with the					
	(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation we qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with the application:									
4.	The	date of i	ts incorporation is 10/18/1995		and the period of its duration is	IITED				
5.	9851 IDVINE CENTER DRIVE IDVINE CA 92618									
6.	The	address	of its proposed registered office in	Phodo Island is	222 JEFFERSON BLVD, SUITE 200 (Street Address, not P.O. Box)					
υ.	1110	auuress			(Street Address, not P.O. Box)					
	WA	RWICK		, RI 02888	and the name of its proposed registered a	gent in Rhad	de Island at			
	that	address	(City/Town) is NATIONAL REGISTERED AG	ENTS, INC.		)II 00	SECR COR			
				(Nam	e of Agent)	-	OR ACC			
7.	The	purpose	or purposes which it proposes to	pursue in the trar	nsaction of business in Rhode Island are:	<b>.</b>				
							SIN			
	EM	PLOYEE	LEASING			<u> </u>	무없이			
8.			mes and respective addresses of nich it is incorporated).	its directors (op	tional unless directors are required under	the laws of	the state or			
			<u>Name</u>		<u>Address</u>					
	Dire	ector	VICTOR S. TANON		9851 IRVINE CENTER DRIVE, IRVINI	E, CA 92618	i			
	Dire	ector								
	Dire	ector			Constitution for					
	Dire	ector			6 Mer dan line					
		n No. 150 ised: 06/1	1	E	0CT 04 2011 y 153470 DS 10:52					

	stat	e or country of v	which it is incorp	oorated).							
				Name		Address  9851 IRVINE CENTER DRIVE, IRVINE, CA 92618					
	Vice President  Treasurer		VICTOR S. TANON VICTOR S. TANON VICTOR S. TANON								
					9851 IRVINE CENTER DRIVE, IRVINE, CA 92618  9851 IRVINE CENTER DRIVE, IRVINE, CA 92618						
			VICTOR S.	TANON	9851 IRVINE CENTER DRIVE, IRVINE, CA 92618						
	The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:  Par Value or Statement that										
	Number of Shares		<u>Class</u>	<u>Series</u>	Shares are without Par Value NO PAR VALUE						
	1,000,000			COMMON							
10.	(a)	\$ 372,565 following year	, wherever loca		te of the value of all property	to be owned by the corporation for the					
	(b)	\$_ <del>0</del>	,		e of the value of the corporat	ion's property to be located within Rhode					
	(2)	Island during the	ne following yea		o or the raids of the corporat	isona proporty to be received while the con-					
	(c)		to be located	within this state during	the following year bears to the	that the estimated value of the property of e value of all property of the corporation to by 100 to obtain the percentage}					
11.	(a) \$ 91,854,000			≖ An estimate	e of the gross amount of busi	iness to be transacted by the corporation					
	during the following year.				o or and group announce or and						
	(b)	\$				ness to be transacted by the corporation at					
or from places of business in Rhode Island during the following year.											
	(c)										
		s application is s of which it is it		by a certificate of Good	Standing issued by the prope	er officer of the state or country under the					
13.	This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later										
	thai	n the 90th day a	fter the date of	this filing							
					Application for Certificate of	eclare and affirm that I have examined this f Authority, including any accompanying attements contained herein are true and					
Date: 09/28/2011				navor.							
Dare	··			•	, -	rized Officer of the Corporation					
				•	Nirmala Ashok						
					Type or Print Name of Authorized Officer						

# State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

STAFFPAY, INC.

FILE NUMBER: FORMATION DATE:

C1771689

TYPE:

10/18/1995 DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 13, 2011.

ノ DEBRA BOWEN

**Secretary of State**