2014 . IIII - 2 PH 12: 22

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 corporation is                                   |                                       | ···   | ies Tempo          | orary, Inc                       | ; <u></u>        |                 |  |
|----|--|--|---------------------------------------|---|--------------------|----------------------------------|------------------|-----------------|--|
| 2. | It is incorpor   | rated under the laws of                              | Califo                                | ornia   |                    |                                  |                  | ·               |  |
| 3. | The name, if different, which it elects to use in Rhode Island is:   |  |                                       |   |                    |                                  |                  |                 |  |
|    | "Incorpo   |  | abbreviation (                        | sdiction of incorporation does not contain the word "corporation", "company", on thereof, then list the name of the corporation with the addition of one of the |                    |                                  |                  |                 |  |
|    | (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corpor<br>qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed<br>application; |  |                                       |   |                    |                                  |                  |                 |  |
| 4. | The date of i  | ts incorporation is Ma                               | rch 27,                               | 1990  | and the period     | of its duration is _             | perpetu          | al              |  |
| 5. | The address  | of its principal office is                           | 1520 W                                | . Magnol  | ia Blvd.           | , Burbank,                       | CA 9150          | 6               |  |
| 6. | The address of its proposed registered office in Rhode Island is 222 Jefferson Blvd., Suite 200 (Street Address, not P.O. Box)   |  |                                       |   |                    |                                  |                  |                 |  |
|    | Warwic   |  | , RI                                  | 02888 ar  | d the name of i    | s proposed regist                | ered agent in Rh | node Island at  |  |
|    |  | (City/Town)  |                                       | •   |                    |                                  |                  |                 |  |
|    | that address   | s Registere  | d Agent                               | Solutio<br>(Name of   |                    |                                  |                  |                 |  |
| 7. | The purpose  | or purposes which it prop                            | ooses to pursu                        | e in the trensac  | tion of business   | in Rhode Island                  | аге:             |                 |  |
|    | Tempor   | cary employee  | placemen                              | nt servi  | ces.               |                                  |                  |                 |  |
|    | +  |  | · · · · · · · · · · · · · · · · · · · |   |                    |                                  |                  | , <del></del>   |  |
| 8. |  | mes and respective addr<br>nich it is incorporated). | resses of its di                      | rectors (option   | al unless direct   | ors are required                 | under the laws   | of the state or |  |
|    |  | <u>Name</u>  |                                       |   |                    | <u>Address</u>                   |                  |                 |  |
|    | Director   | Darin Rado   |                                       |   | 1520 W.<br>Burbank | Magnolia<br>CA 91506             | Blvd.            |                 |  |
|    | Director   | James King   |                                       |   |                    | Magnolia<br>CA 91506             |                  |                 |  |
|    | Director   | Michael Bour   | don                                   |   | 1520 W.<br>Burbank | CA 91506<br>Magnolia<br>CA 91506 | Blvd.            |                 |  |
|    | Director   | Yo Mitchell  |                                       |   | 1520 W.            | CA 91506<br>Magnolia<br>CA 91506 | Blvd.            |                 |  |
|    |  | Joann Ciccon   | FILED                                 | 13.33   | 1520 W.            | Magnolia                         | Blvd.            | <del></del>     |  |
|    | Form No. 150<br>Revised: 06/11   |  | JL <b>02</b> 201                      | വ വ   | Dur Dank,          | CA 91500                         |                  |                 |  |
|    |  | ე.<br>ე  | J -J -J -                             | 7 2   |                    |                                  |                  |                 |  |
|    |  | By 👉   | 411                                   |   |                    |                                  |                  |                 |  |
|    |  |  |                                       | ICM   |                    |                                  |                  |                 |  |

|      | (b) The names and state or country of which   | respective ad<br>thit is incorpo | fresses of its princi<br>rated). | pal officers (mandatory if direct  | ors are not required under the laws of the   |  |  |  |  |
|------|---|----------------------------------|----------------------------------|--|--|--|--|--|--|
|      |   |                                  | Neme                             |  | Address  |  |  |  |  |
|      | President Darin Rado  |                                  |                                  | 1520 W.<br>Burbank,  | Magnolia Blvd.<br>CA 91506   |  |  |  |  |
|      | Vice President  |                                  | Cicconi                          | 1520 W.<br>Burbank   | Magnolia Blvd.   |  |  |  |  |
|      | Treasurer   | Jim King                         |                                  | 1520 W.  |  |  |  |  |  |
|      | Secretary   | Laura                            | Mercado                          | 1520 W.  | Magnolia Blvd.<br>CA 91506   |  |  |  |  |
| 9.   | 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:  |                                  |                                  |  |  |  |  |  |  |
|      | Number of Shares  |                                  | Class                            | Series   | Par Value or Statement that<br>Sheres are without Par Value  |  |  |  |  |
|      | 3,000,000   | <del></del>                      | Common                           | N/A  | Without Par Value  |  |  |  |  |
| 10   | (a) \$ 2,000,00   | 00                               | - A                              |  |  |  |  |  |  |
| 10.  | (a) \$ 2,000,000 = An estimate of the value of all property to be owned by the corporation for the following year, wherever located.  |                                  |                                  |  |  |  |  |  |  |
|      | (b) \$ 100,000 = An estimate of the value of the corporation's property to be located within Rhode Island during the following year,  |                                  |                                  |  |  |  |  |  |  |
|      |   |                                  |                                  |  |  |  |  |  |  |
|      | (c) 5 % = An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (divide (b) by (a) and multiply by 100 to obtain the percentage) |                                  |                                  |  |  |  |  |  |  |
|      |   |                                  |                                  |  |  |  |  |  |  |
| 11.  | (a) \$ 3,000,00 during the following  |                                  | = An estima                      | ite of the gross amount of bus   | iness to be transacted by the corporation  |  |  |  |  |
|      | (b) \$ 100,000<br>or from places of b   | usiness in Rh                    | = An estima                      | of the gross amount of business to be transacted by the corporation at following year. |  |  |  |  |  |
|      | transacted by the   | corporation at                   | or from places of t              | ousiness in this state during the  | that the gross amount of business to be following year bears to the gross amount de (b) by (a) and multiply by 100 to obtain |  |  |  |  |
| 12,  | This application is accordance of which it is incorporately   | ompanied by corated.             | a certificate of Goo             | d 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  |                                  |                                  |  |  |  |  |  |  |
|      | than the 90th day after   | the date of thi                  | s filing                         |  |  |  |  |  |  |
|      |   |                                  |                                  | Application for Certificate of   | ectare and affirm that I have examined this f Authority, including any accompanying atements contained herein are true and   |  |  |  |  |
| n    | June <b>24,</b> 20  | 1.4                              |                                  | 7  |  |  |  |  |  |
| uate | <u> </u>  | 14                               |                                  | Signature of Author  | rized Officer of the Corporation   |  |  |  |  |
|      |   |                                  |                                  | Darin Rado, Pr<br>Type or Print Nej  | esident<br>ne of Authorized Officer  |  |  |  |  |

# State of California Secretary of State

CERTIFICATE OF STATUS

#### ENTITY NAME:

CAREER STRATEGIES TEMPORARY, INC.

FILE NUMBER:

C1479129

FORMATION DATE:

03/27/1990

TYPE:

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 June 18, 2014.

DEBRA BOWEN
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

