

No Filing Fee: KMC

ID Number: 530948



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

BUSINESS CORPORATION

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 MAR -2 AM 11:27

CERTIFICATE OF CORRECTION

Pursuant to the provisions of Section 7-1.2-105 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby submits the following Certificate of Correction.

- The name of the corporation is: Medix Staffing Solutions, Inc.
- The document to be corrected is Application for Certificate of Authority, FOREIGN Business Corp.
- The document being corrected was originally filed on 3/2/2010
- Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgement:
Number 9 on the original application erroneously stated there were no stock shares. There are 10,000 private shares, of which, 1250 have been distributed at \$0.00/share
- The corrected portion of the document states as follows:
10,000 share STK \$0
- The document attached to this certificate is the corrected document.
- This Certificate of Correction shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

FILED

MAR 02 2018

HL 11:27

Date: 2/27/2018

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

John McGuire
Signature of Authorized Officer of the Corporation
JOHN McGuire
Type or Print Name of Authorized Officer



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

CORRECTED

Application for Certificate of Authority

FOREIGN Business Corporation

Filing Fee: Kmc

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SECRETARY OF STATE
CORPORATIONS DIV
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Pursuant to the provisions of RIGL 7-1.2-1405, 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:

Medix Staffing Solutions, Inc.

2. It is incorporated under the laws of:

Illinois

3. The name, if different, which it elects to use in Rhode Island is: N/A

(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:

(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:

4. The date of its incorporation is: 01/24/2001

And the period of its duration is: CHECK ONE BOX ONLY

☒ Perpetual (on-going)

☐ Date certain for dissolution _____

5. The address of its principal office is:

222 S. Riverside Plaza, Suite 2120, Chicago, IL 60606

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name

CORPORATION SERVICE COMPANY

Street Address (NOT a P.O. Box)

222 Jefferson Blvd., Suite 200

City/Town

Warwick

State

RHODE ISLAND

Zip Code

02888

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

STAMP

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Provide temporary staffing in the fields of
IT and Healthcare.

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
LOUIS APOSTOLU	222 S. Riverside Plaza, Ste 2120, Chicago, IL 60606
Phil APOSTOLOU	" "
Brian Anstiss	" "

Check the box to indicate an attachment ☐

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	Andrew Limouris	222 S. Riverside Plaza, Suite 2120, Chicago, IL 60606
VICE PRESIDENT		
TREASURER		
SECRETARY	Chris Sioukas	" "

Check the box to indicate an attachment ☐

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 STATE NO PAR VALUE
10,000	STK		\$0

10. An estimate, 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. (Note: Percentage obtained from worksheet.)

0 %

11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0.15 %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.


Type or Print Name of Authorized Officer

JOHN MCGUIRE, CORPORATE COUNSEL

Date

2/27/2018

Signature of Authorized Officer of the Corporation

 SIGN DOCUMENT HERE



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, 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:

March 02, 2018 11:27 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

