

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

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

BUSINESS CORPORATION

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 90<sup>th</sup> 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



**CORRECTED**

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**Application for Certificate of Authority**  
 FOREIGN Business Corporation

**NO** Filing Fee: *Kmc*

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: <i>Medix Staffing Solutions, Inc.</i>		
2. It is incorporated under the laws of: <i>Illinois</i>		
3. The name, if different, which it elects to use in Rhode Island is: <i>N/A</i>		
(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: <i>01/24/2001</i>		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b>		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: <i>222 S. Riverside Plaza, Suite 2120, Chicago, IL 60606</i>		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name <i>CORPORATION SERVICE COMPANY</i>		
Street Address (NOT a P.O. Box) <i>222 Jefferson Blvd., Suite 200</i>		
City/Town <i>Warwick</i>	State <b>RHODE ISLAND</b>	Zip Code <i>02888</i>

**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 Apostolou	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:

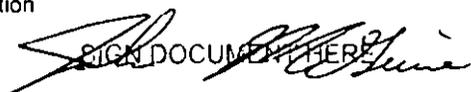
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
10,000	STK		\$0

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 <u>Certificate of Good Standing/Letter of Status</u> 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: <b>CHECK ONE BOX ONLY</b>	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
<i>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.</i>	
Type or Print Name of Authorized Officer	Date
JOHN McGUIRE, CORPORATE COUNSEL	2/27/2018
Signature of Authorized Officer of the Corporation	
 <small>SIGN DOCUMENT HERE</small>	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).