Filing Fee: \$150.00

License Fee: \$15.00 minimum (§7-1.1-124)

ID Number: 125 123



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

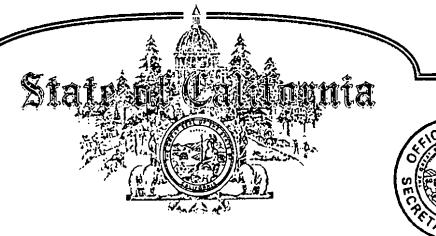
Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY (To Be Filed In Duplicate Original)

(To Be Filed In Duplicate Original)
Pursuant to the provisions of Section 7-1.1-103 of the General Laws, 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 9008 GIZUUD INCORSORATED
2. It is incorporated under the laws of CACIFOIENIA
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 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: ACT 1 PERSONNEL SERVICES
4. The date of its incorporation is 8/15/78 and the period of its duration is アミトンドンタム
5. The address of its principal office in the state or country under the laws of which it is incorporated is
1999 W. 190 & STREET TORIZANCE CA 90504
6. The address of its proposed registered office in Rhode Island is 107 Danierson Pice
(Street Address, <u>not</u> P.O. Box)
SCITUATE RIO2857 and the name of its proposed registered agent in Rhode Island at (City/Town) (Zip Code)
(==,,
that address is LEXIS DOCUMENT SERVICES, INC.
(Name of Agent)
7. The specific purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
TEMPORARY AND FULL TIME EMPLOYMENT DERUCCES
8. The names and respective addresses of the directors and officers are:
Name Address:
Director Jamick B. Howisons 1999 W. 1904 STREET JORISANCE (A 90504
Director CAIRLION BRIANT 1999 W. 1901 STREET, TORRANCE (A 90504
President DAVID BUILCHAM 1999 W. 190 STREET TORRANCE (A 90504
Vice President Corrigon Brugant 1999 W. 1905 STREET, TORRANCE (A 90504
Treasurer CARLTON BRUANT 1999 W. 1905 STREET, TORRANCE (A 9050)
Secretary 1999 W. 1905 STREET, YORRANCE CA 90-00
Form No. 150 Revised: 01/99 JUL 0 3 2002

Number of Shares	<u>Class</u>	Series	Par Value or Statement that Shares are without Par Value
<u> </u>	Common	- None	NO PARVALUE
			
. The aggregate number of its within a class, is:	issued shares, itemized by c	asses, par value of share	s, shares without par value, and series, if any
Number of Shares	<u>Class</u>	Series	Par Value or Statement that Shares are without Par Value
	<u>Common</u>	None.	10 PAR VALUE
(a) An estimate of the value $1,280,00$		ned by the corporation	for the following year, wherever located, is
(b) An estimate of the val	ue of the corporation's prop	erty to be located within	n Rhode Island during the following year is
located within this state of	during the following year bear	s to the value of all prope	value of the property of the corporation to to try of the corporation to be owned during the multiply by 100 to obtain the percentage].
(a) An estimate of the gro \$		be transacted by the c	corporation during the following year is
(b) An estimate of the gro Island during the following	ss amount of business to bing year is \$	e transacted by the corpor	ration at or from places of business in Rhode
corporation at or from pla	aces of business in this state	during the following year	amount of business to be transacted by the bears to the gross amount thereof which will divide (b) by (a) and multiply by 100 to obtain
This application is accompanion by the secretary of state or of	ied by certified copies of its a ther authorized officer of the j	articles of incorporation ar urisdiction of its incorporat	nd all amendments thereto, duly authenticate tion.
ite: <u>5-16-02</u>		9008 G120	e of Corporation Making Application
		Print Exact Name	e of Corporation Making Application
ELIZABETH J. A Commission # Notary Public -	NURPHY 1212127 1	By President or	☐ Vice President (check one)
Los Angeles (My Comm. Expires	County T Mor31,2003	8 Pregretary or	Assistant Secretary (check one)
TATE OF <u>CALIFOR</u> DUNTY OF LOS ANO	NIA	□ Secretary of	Assistant Secretary (Check Gire)
-	CA on this 16th RCHAM TINA BR SECRETARY of	the corporation and that	y me first duly sworn, declared that he/sh the/she signed the foregoing document.
		ELIZABETH J. Notary Public My Commission Expire	es: MARCH 31, 2003



SECRETARY OF STATE

I, *BILL JONES*, Secretary of State of the State of California, hereby certify:

That the attached transcript of 2 page(s) was prepared by and in this office from the record on file, of which it purports to be a copy, and that it is full, true and correct.



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

MAY 1 5 2002

Secretary of State