Filing and License Fee: \$310.00 minimum



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State 401 222 3040

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

BUSINESS CORPORATION

	250
APPLICATION FOR CERTIFICATE OF AUTHORITY	NEW YEAR
Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigne corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose he following statement:	d foreign
1. The name of the corporation is	
2. It is incorporated under the laws of FLORIDA	
3. The name, if different, which it elects to use in Rhode Island is:	
(a) If the name of the corporation in its furisdiction of incorporation does not contain the word "corporation," "of "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of above corporate endings for use in Rhode Island:	
(b) If the corporate name is not available in Rhode Island, then set forth below the fictilious name under which the corporate and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filted application:	
4. The date of its incorporation is 06/33/1999 and the period of its duration is NO END 9	PERTET
5. The address of its principal office in the state or country under the laws of which it is incorporated is	, III
1776 N. PINE ISLAND ROAD, SUITE 108, PLANTATION FL 3330	32
6. The address of its proposed registered office in Rhode Island is 200 JEFFENSON BIVD. STEROOG (Street Address, not P.O. Box)	<u> </u>
Whrwick RI CASS and the name of its proposed registered agent in Rhode (City/Tovm) (Zip Code)	; 1818110 at
that address is CSC CORPORATION SERVICE COMPANY (Name of Agent)	
(Name of Agent)	
7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:	
EMPLOYEE LEASING COMPANY	
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). NONE	a. country
Namo Addore	· 🔁
Director FILE	: レ

Form No. 150 Revised: 12/05

Director Director Director

	<u>Name</u>			<u>Address</u>				
P	resident	ABBAM	FINKELSTEIN	1202 MAN	ne Co	IPT.	WESTON E	4322/
	rice President		7 CAD / E 779	70,00		-,,-		
	reasurer							
	Secretary	ABRADA	PINKELSTEIN	- //	11.		//	
	, ,	1102.7.14 7	7777.CZ.SJ E777					
	e aggregate num d series, if any, w		nich it has authority to is	sue, itemized by classe	s, par valu	e of sha	res, shares withou	t par value,
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	Number of S	Sharos	Class	Corine			alue or Statement	
		<u>onares</u>		<u>Series</u> Cammon	· 35	, 00	are without Par V	alue
	100		Common	(8/1)///0/	.	, 00		
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10. (a)	An estimate o	f the value of	all property to be own	ed by the corporation	for the f	ollowing	year, wherever lo	cated, is
		<u> </u>	- :					
/L1			ak					
{D}	S ——	r the value or	the corporation's prope	nty to be located withi	n Knode	isiand d	lunng the followin	g year is
	<u> </u>		_ `		-		••	
11. (a)	An estimate o	wherever locate of the gr <u>oss err</u> O, OOO,	ount of business to b	%. [<i>divide (b) by (a) and</i>	. •	-	·	
(b)	An estimate of Island during the	f the gross am ne following year	ount of business to be	transacted by the corpo	oration at o	or from pl	aces of business i	in Rhode
(c)	corporation at o	or from places or by the corporation	percentage, of the profit business in this state on during the following years	furing the following yea	r bears to	the gross	s amount thereof v	vhich will
		ecompanied by	a cortificate of Good Str	anding incomed by the arrest	per office	of the s	tate or country on	
12. Th of	is application is a which it is incorp	oraled.	a remindate of Good Str	anding issued by the pro	•			der the laws
of 13. Thi	which it is incorp	orated. Certificate of Au	rthority shall be effective	,			vided which shali l	
of 13. Thi	which it is incorposed is Application for	orated. Certificate of Au	rthority shall be effective	,			vided which shali l	
of 13. Thi	which it is incorposed is Application for	orated. Certificate of Au	rthority shall be effective his filing	,	ecified da	te is pro	<u> </u>	os no later
of 13. Thi	which it is incorposed is Application for	orated. Certificate of Au	nthority shall be effectivents filing	upon filing unless a sp Under penalty of prexamined this Applic	ecified da erjury, I ation for	declare	and affirm thate of Authority	oe no later at 1 have , including
of 13. Thi	which it is incorposed is Application for	orated. Certificate of Au	nthority shall be effective his filing	upon filing unless a sp Under penalty of prexamined this Applic any accompanying	ecified da erjury, I ation for attachm	declare Certific	and affirm thate of Authority	no later at 1 have , including
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of 13. Thi tha	which it is incorporate in the 90 th day af	oraled. Certificate of Au ter the date of th	nthority shall be effective his filing	upon filing unless a sp Under penalty of prexamined this Applic any accompanying	ecified da erjury, I ation for attachm	declare Certific	and affirm thate of Authority	oe no later at 1 have , including
of 13. Thi	which it is incorporate in the 90 th day af	oraled. Certificate of Au ter the date of th	nthority shall be effective his filing	Under penalty of prexamined this Applicant accompanying contained herein are	erified da erifury, I ation for attachm	declare Certific ents, a	and affirm th ate of Authority and that all	oe no later at 1 have , including statements
of 13. Thi tha	which it is incorporate in the 90 th day af	oraled. Certificate of Au ter the date of th	nthority shall be effective his filing	Under penalty of prexamined this Applicany accompanying contained herein are Signature of	erified da erifury, I ation for attachm	declare Certific ents, a	and affirm thate of Authority	oe no later at 1 have , including statements
of 13. Thi tha	which it is incorporate in the 90 th day af	oraled. Certificate of Au ter the date of th	nthority shall be effective his filing	Under penalty of prexamined this Applicant accompanying contained herein are	erified da erifury, I ation for attachm	declare Certific ents, a	and affirm th ate of Authority and that all	at I have including statements



November 14, 2006

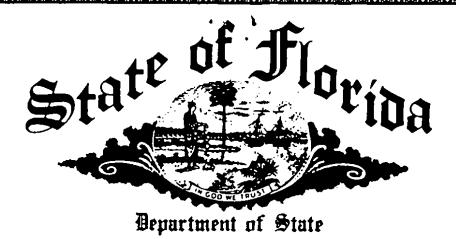
STAFFLINK OUTSOURCING IV, INC. ATTN: JEAN NIEDERHOFER 1776 NORTH PINE ISLAND ROAD STE. 108 PLANTATION, FL 33322

Pursuant to your recent inquiry, we are enclosing the certification you requested.

Should you have any questions regarding this matter you may contact our office at (850) 245-6053.

YASHIRA C COLSON Certification Section

Letter No. 206A00066671



I certify from the records of this office that STAFFLINK OUTSOURCING IV, INC., is a corporation organized under the laws of the State of Florida, filed on June 23, 1999.

The document number of this corporation is P99000056835.

I further certify that said corporation has paid all fees due this office through December 31, 2006, that its most recent annual report/uniform business report was filed on April 27, 2006, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Fourteenth day of November, 2006



CR2EO22 (01-06)

Sue M. Cobb Secretary of State