

CCRS  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

**F00000003303**

FILING COVER SHEET  
ACCT. #FCA-1

CONTACT: CINDY HICKS

DATE: 6-9-00

800003282318--1  
-06/09/00--01031--006  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

REF. #: RA0059.11965

CORP. NAME: Allstaff Management, Inc

- ARTICLES OF INCORPORATION
- ARTICLES OF AMENDMENT
- ARTICLES OF DISSOLUTION
- ANNUAL REPORT
- TRADEMARK/SERVICE MARK
- FICTITIOUS NAME
- FOREIGN QUALIFICATION
- LIMITED PARTNERSHIP
- LIMITED LIABILITY
- REINSTATEMENT
- MERGER
- WITHDRAWAL
- CERTIFICATE OF CANCELLATION
- UCC-1
- UCC-3
- OTHER: \_\_\_\_\_

FILED STATE  
SECRETARY OF CORPORATIONS  
00 JUN -9 PM 1:54

STATE FEES PREPAID WITH CHECK# 3210 FOR \$ 70.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ \_\_\_\_\_

RECEIVED  
00 JUN -9 AM 10:47  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

PLEASE RETURN:

- CERTIFIED COPY
- CERTIFICATE OF GOOD STANDING
- PLAIN STAMPED COPY
- CERTIFICATE OF STATUS

Examiner's Initials

*Handwritten initials*

# TRANSMITTAL LETTER

To: Registration Section  
Division of Corporations

SUBJECT: ALLSTAFF MANAGEMENT, INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JEFFREY REICHEL

(Name of Person)

ALLSTAFF MANAGEMENT, INC.

(Firm/Company)

P.O. BOX 48

(Address)

LAWRENCEVILLE, GA - 30046-0048

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

DIANA FITCH

(Name of Person)

at ( 770 ) 339-0000 EXT 15

(Area Code & Daytime Telephone Number)

## STREET ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

## MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

\$70.00 Filing Fee

\$78.75 Filing Fee &  
Certificate of Status

\$78.75 Filing Fee &  
Certified Copy

\$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00000-9 PM 1:54

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILED STATE SECRETARY OF CORPORATIONS JUN 19 9 00 AM '99

1. ALLSTAFF MANAGEMENT, INC.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. GEORGIA

(State or country under the law of which it is incorporated)

3. 58-1531342

(FEI number, if applicable)

4. 7/29/1983

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. SEPTEMBER 30, 1999

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. a. 575-K OLD NORCROSS ROAD, LAWRENCEVILLE, GA 30045

(Principal office address)

b. P.O. BOX 48, LAWRENCEVILLE, GA 30046-0048

(Current mailing address)

8. FOR PROFIT

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: CorpDirect Agents

Office Address: 103 N. Merididan Street, Lower Level

Tallahassee, Florida 32301

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Cynthia A Hicks (Registered agent's signature) Its Agent: Cynthia A. Hicks

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: JEFFREY REICHEL  
Address: 197 TIMBERLOST TR.  
SUWANEE, GA 30024

Vice Chairman: BEVERLY REICHEL  
Address: 197 TIMBERLOST TR.  
SUWANEE, GA 30024

Director: RON SHERN  
Address: 3571 CLUBLAND DRIVE  
MARIETTA, GA 30068

Director: LOIS SHERN  
Address: 3571 CLUBLAND DRIVE  
MARIETTA, GA 30068

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DIVISION OF CORPORATIONS  
00 JUN -9 PM 1:54

B. OFFICERS

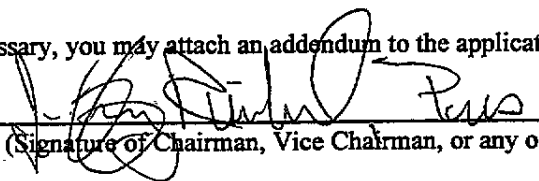
President: JEFFREY REICHEL  
Address: 197 TIMBERLOST TR.  
SUWANEE, GA 30024

Vice President:  
Address:

Secretary: BEVERLY REICHEL  
Address: 197 TIMBERLOST TR.  
SUWANEE, GA 30024

Treasurer:  
Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JEFFREY REICHEL, PRES  
(Typed or printed name and capacity of person signing application)

**Secretary of State**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 001510557  
CONTROL NUMBER : J309557  
DATE INC/AUTH/FILED: 07/29/1983  
JURISDICTION : GEORGIA  
PRINT DATE : 05/30/2000  
FORM NUMBER : 211

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUN -9 PM 1:54

WILLIAM OGDEN  
1501 SUNDALE DR  
LAWRENCEVILLE, GA 30045

**CERTIFICATE OF EXISTENCE**

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**ALLSTAFF MANAGEMENT, INC.**  
**A DOMESTIC PROFIT CORPORATION**

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox  
Secretary of State