# F020000000775

## TRANSMITTAL LETTER

TO:

Registration Section

Division of Corporations						
SUBJECT: DDDS Staffing Resources, 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:						
Katherine A. Simons						
(Name of Person) 全篇 名						
DDS Staffing Resources, Inc.						
(Firm/Company) $\frac{1}{2} = \frac{3}{2}$						
9755 Dogwood Road, Suite 200	Ì					
(Address)	<del></del>					
(City/State and Zip code)	<u>,                                     </u>					
$\checkmark$	NI					
For further information concerning this matter, please call:  2/13						
6	2/13					
Katherine A. Simons at ( 770 )998-7779 ext. 107						
(Name of Person) (Area Code & Daytime Telephone Number)						
200047954 -01/25/02010 *****70.80 *	)07001					
	*****70.00					
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	-					
Registration Section Registration Section Us 2 - Division of Corporations Division of Corporations 409 E. Gaines St. P.O. Box 6327	-					





### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 28, 2002

KATHERINE A. SIMONS 9755 DOGWOOD RD, STE 200 ROSWELL, GA 30075

SUBJECT: DDS STAFFING RESOURCES, INC.

Ref. Number: W02000002257

We have received your document for DDS STAFFING RESOURCES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to provide Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Michael Mays Document Specialist

Letter Number: 502A00004608

# 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.

1. DDS Sta	affing Resources, Inc.		
words or abbre	oration; must include the word "INCORPOR- viations of like import in language as will cle or partnership if not so contained in the name	arly i	indicate that it is a corporation instead of a
2. <u>Georgi</u> a	a	3	58-1567531
(State or country	y under the law of which it is incorporated)		(FEI number, if applicable)
4June 1,		5	Perpetual
(Da	te of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qu	alification		
(Date first trans			ransacted business in Florida, insert "upon qualification.") 607.1502 and 817.155, F.S.)
79755 Do	ogwood Rd., Suite 200, Ros	wel	ll, GA 30075
	(Principal office	addre	ess)
Same as	above		
	(Current mailing	addre	ess)
8. Supply	of Dental and Medical Per	son	nnel 500
(Purpose	(s) of corporation authorized in home state o	r coui	intry to be carried out in state of Florida
9. Name and <u>st</u>	reet address of Florida registered age	1t: (]	(P.O. Box or Mail Drop Box NOT acceptable)
Name:	Herbert Fritz		
Office Address:	3190 Grayton Drive	<u> </u>	
	Spring Hill (City)		, Florida <u>34609</u>
	(Only)		(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.

Muster of Title (Registered agent's signature)

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:	
Address:	
	<del></del>
Vice Chairman:	
Address:	
•	
Director:	
Address:	
Pirector:	
.ddress:	
. OFFICERS	<b>= 6</b>
resident: /CEO Katherine Ann Simons	02 F
ddress: 350 Buckingham Forest Ct.	
Roswell, GA 30075	## <b>3</b>   <b>1</b>
ice President:Michelle Lee	
ddress: 270 Fox Hunter Drive	7 TE 19
Alpharetta, GA 30022	
cretary: Craig Simons	<del> </del>
ddress: 350 Buckingham Forest Ct., Roswell, GA 30075	-
reasurer:	
ddress:	
OTE: If management and the standard of the sta	*/ **
OTE: If necessary, you may attach an addendum to the application listing additional officer  3.   Cache Dimon Pusident	s and/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of	the application)
4. Katherine Ann Simons President	**
(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 CONTROL NUMBER : J408633
DATE INC/AUTH/FILED: 06/01/1984
JURISDICTION : GEORGIA
PRINT DATE : 01/22/2002
FORM NUMBER : 211

DDS STAFFING RESOURCES, INC CRAIG W, SIMONS 9755 DOGWOOD RD STE 200 ROSWELL, GA 30076

#### 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 as of the above print date

DDS STAFFING RESOURCES, INC. A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar decument with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above named entity as of the print date above. 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 information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and 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.

20020122213625292



Cathy Cox Secretary of State