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(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
<u> </u>				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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COVER LETTER

TO:	New Filing S Division of C			
SUB.	JECT:	Health-Tech	Staffing , Inc	
		(Name of corp	ooration - must include suffi	x)
Dear	Sir or Madam:			
"Cert				sact Business in Florida," renced foreign corporation to
Please	e return all corre	espondence concerning this	matter to the following:	
		Derek L).Iliams	
		(Na	me of Person)	
		Health-Tech (Fir	Staffing Inc.	
		(Fir	m/Company)	
<u>3</u>	546. I	urnp. Ke Street	Ste. 104	
			(Address)	
	<u>Can</u>	ton, Mt 0202 (City/s		
		(City/S	State and Zip code)	
For fu	rther information	on concerning this matter, pl	ease call:	
De	rek Willi	aus at (7	81	8 × 103
	(Name of Pe	rson) (A	Area Code & Daytime Telep	hone Number)
STREET/COURIER ADDRESS: New Filing Section		MAILING New Filing S		
Division of Corporations Clifton Building			Division of Corporations P.O. Box 6327	
2661 Executive Center Circle			Tallahassee, FL 32314	
	Tallahassee,	FL 32301		
Enclo.	sed is a check for	or 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

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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," 1. "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Massachusetts
(State or country under the law of which it is incorporated)

3. 26-1363598
(FEI number, if applicable) 5. Percetual
(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Ste JOH, Canton, W. + 02021 (Current mailing address) (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 NOT acceptable) Name: ake Worth Rood, Ste 211 Office Address: 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,

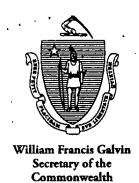
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature)

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

A. DIRECTORS	
Chairman: Derek Williams	
address: 36 Contland Drive	
Sharon, Ma 02067	20 AT
/ice Chairman:	400
Address:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Director: Durck Williams	
Address: 36 Cortland Drive	
Sharon, Mx 02067	
Director:	
Address:	
B. OFFICERS	
President: Derek Williams	
Address: 36 Contland Drive	
Sharon, Ma 02067	
/ice President:	
Address:	· · · · · · · · · · · · · · · · · · ·
Secretary: Derek Williams	
Address: 36 Contland Drive, Sharon, Mt	02067
Treasurer: Devek Williams	
Address: 36 Contland Drive, Sharon, W.	02067
'	
NOTE: If necessary, you may attach an addendum to the application listing ad	ditional officers and/or directors.
13. Dank Wilhain	
(Signature of Director or Officer listed in number 12 of the	ne application)
4. <u>Jerek Williams</u> (Typed or printed name and capacity of person signing	application)



The Gommonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02183

February 21, 2008

TO WHOM IT MAY CONCERN:

I hereby certify that

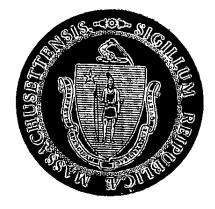
HEALTH-TECH STAFFING, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **October 25, 2007**.

I also certify that so far as appears of record here, said corporation still has legal existence.



ranin Galein



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth