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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DR AUG 14 AM1

APPROVE FALSO

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: GradStaff, 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:
David Weyerhaeuser
(Name of Person)
GradStaff, Inc.
(Firm/Company)
708 1st Street N, Suite 245
(Address)
Minneapolis, MN 55401
(City/State and Zip code)
For further information concerning this matter, please call:
David Weyerhaueser at (612) 339-5332
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing 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 & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy 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.

(If name unavai	lable in Florida, enter alternate curporate m	une	adopted for the purpose of transacting business in Plorid	(a)
Minnesot		3.	43-1986739	
(State or country	under the law of which it is incorporated)	• - ·	(FEI number, if applicable)	
	12/13/2002	5.	Perpetual	_
(Dat	c of incorporation)		(Duration: Year corp. will cease to exist or "perpetual"	")
	reet N, Suite 245, Minnear (Principal office treet N, Suite 245, Minnear (Current mailing	bbe OO	ress) is, MN 55401	_
		du	ate in temp-to-hire positions.	
Name and stre	et address of Plorida registered agent: (P.C	D. Box NOT acceptable)	4
. Namo:	NRAI Services, Inc.		<u></u>	;
fice Address:	2731 Executive Park Dr.,	S	uite 4	•
	Weston		, Florida 33331	•
	(City)		(Zip code)	

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

(Registered agent's signature)

Christian Eubanks, Assistant Secretary

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: Vice Chairman: Address: Director: Address: Director: __ **B. OFFICERS** President: Robert J. LaBombard Address: 7833 West 96th Street Bloomington, MN 55438 Vice President: David C. Weyerhaeuser Address: 1540 Fox Street Wayzata, MN 55391 Secretary: Address: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. David C. Weyerhaeliser , V.P.

(Typed or printed name and capacity of person signing application)

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: GradStaff, Inc.

Date Formed: 12/13/2002

Chapter Governed By: 302A

This certificate has been issued on 07/14/08.

SECRETARY OF STATE



Mark Ritchie Secretary of State.