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PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requester's Name) 1406 Hays Street, Suite 2 (Aldress)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip) (Phone #)

OFFICE USE ONLY

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CORPORATION NA	ME(s) & DOCUMENT NUM	BER(S) (if known):	
1. Corporat	e Staffing Alter	ntives Inc.	SECHLARS 31
(Corpor	ation Nama)	(Document #)	1>0 mens
2.			
(Corporation Name)		(Decument #)	
3. (Corpora	ion Name)	(Document #)	
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(Corpore	tion Name)	(Document #)	
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NEW FILINGS	AMENDMENTS		
Profit	Amendment		
NonProfit	Resignation of R.A., Officer/	Director	원 등
Limited Liability	Change of Registered Agent		₩ •
Domestication	Dissolution/Withdrawal		
Other	Merger		
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OTHER FILINGS	REGISTRATION/		
Annual Report	QUALIFICATION		
Fictitious Name	Foreign		
Name Reservation	Limited Partnership		
	Reinstatement		
	Trademark	Examiner	ta taisiata
CR2E031(10/92)	Other	Examiner	S IBIGHS
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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. CORPORATE AND ALTERNO ALTERNATIONS AND
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. NEW YORK 3. 13-3650921
4. MARCH 1- 1992 5. PERPIETUAL (Date of Incorporation) 5. PERPIETUAL (Date first transacted business in Florida. (See sections 607, 1501, 607, 1502, and 817, 155, F.S.)
(Oate of Incorporation) (Ouration: Year corp. will cease to exist or "perpetual")
Chate first transacted business in Florida (Scalassics, 507, 150, 607, 150)
7. 4-75 FIFTH AVENUE
NEW YORK N.Y 10017 (Current mailing address)
NEW YORK N.Y 10017
(Current mailing address)
8. TRMPORARY HELP SERVICE (Purpose(s) of corporation authorized in home state or country to be carried out in the state-of-Florida)
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:
Name: UNITED COCTORATE SERVICES /NC.
Office Address: 801 Negriteres 167TH ST. Suite 300
NORTH MINMI BENCH , Florida, 3316>-
(Zip Code)
10. Registered agent's acceptance:
Having been named as registered agent and to accent conting of process fourth
corporation at the place designated in this application, I hereby accept the appointment as
of all statutes relative to the proper and complete performance of my duties, and lam families
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.
X S/I B (a /a a d) x
(Registered agent's signature)
(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 installation, and the Secretary of State or other official
having custody of corporate records in the lived distance by the Secretary or State or other official

having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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

A.	DIRECTORS
	Chairman: IRENIZ COHEN
	Address: 13 A DOGWOOD LANIE
	WESTPORT CT 06880
	Vice Chairman: SEYMOUR COHEN
	Address: 13 A' DOGWOOD LANK
	WESTPORT CT UG88U
	Director:
	Addross:
	Director:
	Address:
В.	OFFICERS FEE STATE OF THE STATE
	President: RENIE COLLEN 55 T
	Address: 13 A DOGWOOD LANE
	WEST PERT CT 068807 3
	Vice President: SEYMOUR COHEN
	Address: 13 A' DUGWOOD MINE
	WESTPORT CT. 06880
	Secretary: SIEYMOUR COHIEN
	Address: 13 A DOG WOOD LANK.
	WEST PORT CT, 06880
	Treasurer: COHEN
	Address: 13 A DOGWOOT LAWE
	Treasurer: <u>IRENE COHEN</u> Address: <u>I3 A' DOG WOOT LANK</u> WESTPORT OF OGSBU
NOT	E: If necessary, you may attach an addendum to the application listing additional officers
	or directors?
13.	Set Multur Chairman, V. P. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
(5	1
14.	(Typed or printed name and capacity of person signing application)
	(Typed or printed name and capacity of person highing application)

State of New York Department of State

I hereby certify, that the certificate of incorporation of CORPORATE STAFFING ALTERNATIVES, INC. was filed on 03/04/1992, with perpetual duration, and that I have made a diligent examination of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, I find no such certificate, order or record, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 24th day of August one thousand nine hundred and

All Secretary of State

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