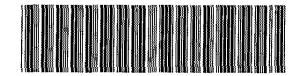
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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3618-02

CT CORPORATION

October 28, 2002

Secretary of State, Florida 409 East Gaines Street N/A Tallahassee FL 32399

Re: Order #: 5704766 SO Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

"Please file the attached:

Alternative Staffing, Inc. (SC)
Qualification
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Melanie S Strickland
Fulfillment Specialist
Melanie_Strickland@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 02 0CT 28 PM 1: 36

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.

CT-ATLANTA, TEAM3

1. Alternative St	affing, Inc.				
words or abbre	oration; must include the word " eviztions of like import in langua or partnership if not so containe	ige as will clearly inc	licate that it is a corporation in	TION" or istead of a	
2. South Carolina	Ł	3.	57-0982191		
(State or countr	y under the law of which it is in	corporated)	(FEI number, if a	pplicable)	
4. <u>7/02/1993</u>		S. Perpetual			 :
(Da	ate of incorporation)	(Duration	n: Year corp, will cease to ex	istor "perpetual")	
6. (Date Sm	Upon Eiling at transacted business in Florida.	Vere pertions	(07)501 607 1503 1917 1	ise DO	
·			107.1391, 907.1392 and 417.1	,33, £,3,}	
7. 1455 Remount	t Road #I, North Charleston, SC	2 29406			Equation 1
	/Curre	ent mailing address)	<u> </u>		
	Conc	ou mening edoress)			
8. Provide Tempe	orary Staffing				
(Purpose	(s) of corporation authorized in	home state or countr	y to be carried out in state of I	Florida)	
9. Name and st	reet address of Florida regi	stered agent: (P.0	D. Box or Mail Drop Box N	NOT acceptable)	FÍL 02 00T 28
Name:	C T Corporation System			- Sc	CT
00=- A33	1200 South Pine Island Road			SSE SSE	8
Office Address:	1200 South Pine Island Road		-	ůë.	공 글
	Plantation		, Florida, 33324 (Zip code)		••
	•		(Zip code)	30°C	38
10. Registered	agent's acceptance:			•	
	ed as registered agent and to ac				
with the provision	hereby accept the appointment is of all statutes relative to the p	roper and complete			
the obligations of	my position as registered agent C T Corporation System			F AULTMAN SECRETARY	
	(Reg	istered agent's signat	ure)		
	certificate of existence duly auth				
Department of Starwhich it is incorpo	te, by the Secretary of State or our attend.	ther official having o	ustody of corporate records in	the jurisdiction under	the law of

^{12.} Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) FLD19 - DEUTO ET System Calles

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)			
Chairman: Craig W. Lake		·	
Address: 1455 Remount Rd #I, North Charleston, SC 29406			<u> </u>
Vice Chairman: Janet L Cappellini			
Address: 1455 Remount Rd #1, North Charleston, SC 29406			
Director:		.,,.	
Address:			
Director:	<u> </u>		
Address:			
B. OFFICERS (Street address only - P.O. Box NOT acceptable)			
President: Craig W. Lake		<u>.</u>	
Address: 1455 Remount Rd #I, North Charleston, SC 29406		02 dc	
<u> </u>	7.17		3
Vice President: Janet Cappellini	SE SE		me
Address: 1455 Remount Rd #I, North Charleston, SC 29406	7.0		_
	200	36	
Secretary:			
Address:			
			
Treasurer: Jonathan G Stewart			
Address: 1455 Remount Rd #I. North Charleston, SC 29406	-		
			
NOTE: If necessary, you tray trach an addendum to the application listing additional officers and/or directors.	i.		
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)			
14. CRAIG-W. LAKE PRESIDENT (Typed or printed name and capacity of person signing application)			
(Typed or printed name and capacity of nerson signing application)			

The State of South Carolina



Office of Secretary of State Jim Miles

Certificate of Existence

I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

ALTERNATIVE STAFFING, INC.,

a corporation duly organized under the laws of the State of South Carolina on July 2nd, 1993, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 21st day of October, 2002.

Jim Miles, Secretary of State

Note: This certificate does not contain any representation concerning fees or taxes owed by the Corporation to the South Carolina Tax Commission or whether the Corporation has filled the annual report with the Tax Commission. If it is important to know whether the Corporation has paid all taxes due to the State of South Carolina, and has filled the annual reports, a certificate of compliance must be obtained from the Tax Commission.