

CCRS
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-1

F00000003303

CONTACT: CINDY HICKS

DATE: 6-9-00

800003282318--1
-06/09/00--01031--006
*****70.00 *****70.00

REF. #: RA0059.11965

CORP. NAME: Allstaff Management, Inc

☒ ARTICLES OF INCORPORATION

☐ ARTICLES OF AMENDMENT

☐ ARTICLES OF DISSOLUTION

☐ ANNUAL REPORT

☐ TRADEMARK/SERVICE MARK

☐ FICTITIOUS NAME

☐ FOREIGN QUALIFICATION

☐ LIMITED PARTNERSHIP

☐ LIMITED LIABILITY

☐ REINSTATEMENT

☐ MERGER

☐ WITHDRAWAL

☐ CERTIFICATE OF CANCELLATION ☐ UCC-1

☐ UCC-3

☐ OTHER: _____

FILED STATE
SECRETARY OF CORPORATIONS
06 JUN -9 PM 1:54

STATE FEES PREPAID WITH CHECK# 3210 FOR \$ 70.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

RECEIVED
00 JUN -9 AM 10:47
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

PLEASE RETURN:

☐ CERTIFIED COPY

☐ CERTIFICATE OF GOOD STANDING

☒ PLAIN STAMPED COPY

☐ CERTIFICATE OF STATUS

Examiner's Initials

2/6/4

TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: ALLSTAFF MANAGEMENT, 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:

JEFFREY REICHEL

(Name of Person)

ALLSTAFF MANAGEMENT, INC.

(Firm/Company)

P.O. BOX 48

(Address)

LAWRENCEVILLE, GA - 30046-0048

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

DIANA FITCH

(Name of Person)

at (770) 339-0000 EXT 15

(Area Code & Daytime Telephone Number)

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

Enclosed is a check for 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

FILED
STATE
DIVISION OF CORPORATIONS
000000-9 PM 1:54

**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.*

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN -9 PM 1:54

1. ALLSTAFF MANAGEMENT, INC.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or 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. GEORGIA

(State or country under the law of which it is incorporated)

3. 58-1531342

(FEI number, if applicable)

4. 7/29/1983

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. SEPTEMBER 30, 1999

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. a. 575-K OLD NORCROSS ROAD, LAWRENCEVILLE, GA 30045

(Principal office address)

b. P.O. BOX 48, LAWRENCEVILLE, GA 30046-0048

(Current mailing address)

8. FOR PROFIT

(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 or Mail Drop Box **NOT** acceptable)

Name: CorpDirect Agents

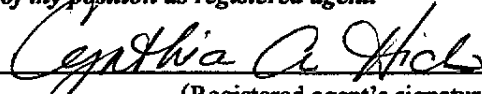
Office Address: 103 N. Merididan Street, Lower Level

Tallahassee, Florida 32301

(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.


(Registered agent's signature)
Its Agent: Cynthia A. Hicks

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: JEFFREY REICHEL

Address: 197 TIMBERLOST TR.

SUWANEE, GA 30024

Vice Chairman: BEVERLY REICHEL

Address: 197 TIMBERLOST TR.

SUWANEE, GA 30024

Director: RON SHERN

Address: 3571 CLUBLAND DRIVE

MARIETTA, GA 30068

Director: LOIS SHERN

Address: 3571 CLUBLAND DRIVE

MARIETTA, GA 30068

B. OFFICERS

President: JEFFREY REICHEL

Address: 197 TIMBERLOST TR.

SUWANEE, GA 30024

Vice President: _____

Address: _____

Secretary: BEVERLY REICHEL

Address: 197 TIMBERLOST TR.

SUWANEE, GA 30024

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____

JEFFREY REICHEL, PRES

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN -9 PM 1:54

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 001510557
CONTROL NUMBER : J309557
DATE INC/AUTH/FILED: 07/29/1983
JURISDICTION : GEORGIA
PRINT DATE : 05/30/2000
FORM NUMBER : 211

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
00 JUN -9 PM 1:54

WILLIAM OGDEN
1501 SUNDALE DR
LAWRENCEVILLE, GA 30045

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

ALLSTAFF MANAGEMENT, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. 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 certificate is issued pursuant to 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.



Cathy Cox

Cathy Cox
Secretary of State