TRANS	SMITTAL LETTER	
To: Registration Section		
Division of Corporations		
SUBJECT: Compush	aff, luc.	_ ·
(Name of	f corporation - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corp- "Certificate of Existence", and check are sub- transact business in Florida.	oration for Authorization to Transact Bu omitted to register the above referenced f	siness in Florida", foreign corporation to
Please return all correspondence concerning	this matter to the following:	
Demino	211	
	sadulescu-Green	
	(Name of Person)	The same and the s
Compus	tax lar.	1-05/18/7-19:87
	(Firm/Company)	************************************
716 cho	punt Court	
	(Address)	 .
Apopka	FL 32712	
7-7-10	(City/State/Zip)	
	, ,	•
61 11 11 11		
Should you need to call someone concerning	this matter, please call:	To o
Dorina Radulescu-Green at	(487 8809637	
(Name of Person)	(Area Code & Daytime Telephone	Number)
	•	∞ m
STREET ADDRESS:	MAILING ADDRESS:	23 & 26 Z
Registration Section	Registration Section	,,,
Division of Corporations	Division of Corporations	
409 E. Gaines St.	P.O. Box 6327	- mt
Tallahassee, FL 32399	Tallahassee, FL 32314	1.0
Enclosed is a check for the following amount	· .	mh 5/22
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fe	e & 🗆 \$78.75 Filing Fee & 🗖	/ R87 50 Filing Fee

Certified Copy

Certificate of Status &

Certified Copy

Certificate of Status

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.
1CompuState 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. NEW CISEY (State or country under the law of which it is incorporated) 3. 22 - 3441728 (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 2 nd, 1996 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification
(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. 716 Cheviot Court, Apopka FL 32712
(Principal office address)
b. 716 Cheviot Court, Apopka FL 32712
(Current mailing address)
8. <u>computer recruitions</u> and consulting \\ \geq \qq \qq \qq \qq \qq \qq \qq \qq \qq \
(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: DOYING Roidulescu-Green
Office Address: 716 Cheviot Court
Amoka 22712
(Zīp 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 designate in this application. I hereby accept the appointment as registered as a supplication.

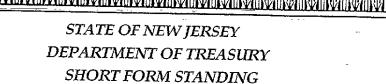
H by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

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 Dorina Radulescu-Green Chairman: -Vice Chairman: Address: Director: ___ Address: Director: __ Address: **B. OFFICERS** President: Address: Vice President: Address: Secretary: _ Address: _ Treasurer: _____ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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



COMPUSTAFF, INC.

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on May 2, 1996.

As of the date of this certificate, said business continues as an active business in the State of New Jersey. Annual Reports are outstanding for the following year(s):

1999

I further certify that the registered agent and registered office are:

Dorina R Green 118 Sandford Ave First Floor North Plainfield, NJ 07060

Continued on next page . . .

SECRETARY OF STATE
TANDAMENT FLIEDS

