

TO: Registration Section Division of Corporations Personnel Systems, 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: South Ridge Roll (Address) Pomona NY 10970

(City/State and Zip code) For further information concerning this matter, please call: (Name of Person) at (P47) 354 0500 (Area Code & Daytime Telephone Number) STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations 409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314 Enclosed is a check for the following amount: ☐ \$70.00 Filing Fee **5** \$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. (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 York 3. Filmpumber: B231273-4

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

4. State of incorporation 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") 6. Sefember 7, 2001

(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. 5 South Aides Roal, Pernona New York 10970
(Principal office address) 5 South Ridge Roof Domana New York 10970 Manualment Consulting, Recruiting and Temporary Employment

(Purpose(s) of corporation authorized in home state or country to be farried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptabre) Name: BENJAHIN WEXLER

Office Address: TILFORD Q 349

DEERFIELD BEACH, Florida 33442

(City) (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)

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. DIREC      | FORS  |
|---------------|---|
| Chairman: _   | Richard H. Wexler PhD.  |
| Address:      | 5 South Ridge Road  |
|               | Richard H. Wexler PhD.  5 South Rilge Road  Tomana NY 10970   |
|               | n:  |
|               |   |
|               |   |
| Director:     |   |
|               |   |
|               | ·   |
|               |   |
|               |   |
| Address       |   |
| _             |   |
| B. OFFICE     |   |
| President:    | - CCY - ファーマー - ファー - ファーマー - ファーマー - ファーマー - ファー - ファー - ファーマー - ファーマー - ファーマー - ファー - |
| Address:      | DRY ATAI  |
|               |   |
| Vice Presiden | ti  |
| Address:      |   |
|               | · · · · · · · · · · · · · · · · · · ·   |
| Secretary:    |   |
| Address:      |   |
| Treasurer:    |   |
| Address:      |   |
|               |   |
|               | ecessary, 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            | (Typed or printed name and capacity of person signing application)  |

## **State of New York** SS: **Department of State**

I hereby certify, that the Certificate of Incorporation of PERSONNEL SYSTEMS, INC. was filed on 05/29/1985, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

The Biennial Statement is past due.

Witness my hand and the official seal of the Department of State at the City of Albany, this 13th day of September

Secretary of State

two thousand and one.

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