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TRANSMITTAL LETTER

FILED
2002 JUN - 4 AM 9:37
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: ON- STAFF INTERNATIONAL LIMITED
(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: 000005677530--7

YOLETTE

SANGUINETTI

-06/04/02--01054--002
*****78.75 *****78.75

(Name of Person)

ON- STAFF

INTERNATIONAL

LIMITED

(Firm/Company)

15310 BARHART

PLACE

(Address)

WELLINGTON)

FL.

33414

(City/State and Zip code)

For further information concerning this matter, please call:

YOLETTE SANGUINETTI

(Name of Person)

at (561) 790-4913 or 561-714-6361

(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

J. BRYAN JUN - 7 2002

**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. ON - STAFF INTERNATIONAL LIMITED, 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. JAMAICA W.I. 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/08/02 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. 19 HOLBORN RD, KINGSTON 5, JAMAICA
(Principal office address)

15310 EARHART PLACE, WELLINGTON, FL 33414
(Current mailing address)

8. Employment Agency
(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: YOLETIG SANGUINETTI

Office Address: 15310 EARHART PLACE
WELLINGTON, Florida 33414
(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.

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

A. DIRECTORS

Chairman: YOLETTE SANGUINETTI
Address: 15310 EARHART PLACE
WELLINGTON, FL. 33414

Vice Chairman: _____

Address: _____

Director: GRACE RANCE
Address: 4699 N. FEDERAL HIGHWAY
POMPOD, FL.

Director: LYNETTE BROWN
Address: 19 HOLBORN RD, KINGSTON 5, JAMAICA

B. OFFICERS

President: KERRY. ANN BAKER
Address: 19 HOLBORN RD, KINGSTON 5, JAMAICA W.I.

Vice President: _____

Address: _____

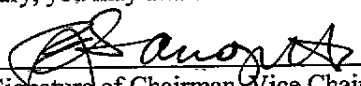
Secretary: _____

Address: _____

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. YOLETTE SANGUINETTI, CHAIRMAN
(Typed or printed name and capacity of person signing application)

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CERTIFICATE OF THE INCORPORATION OF A COMPANY



I hereby Certify that
ON-STAFF INTERNATIONAL LIMITED

was Incorporated under the
Companies Act, as a Limited Company

on the EIGHTH day of APRIL

Two Thousand and Two.

Given under my hand at St. Andrew this NINTH
day of APRIL Two Thousand and Two.


Registrar of Companies

No. of Company 65,460.

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