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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			-	
SUBJECT: COSTAFI	F PROFESSION	AL SERVICES IN on - must include suffix)	1C.	
Jobo Zeri	(Name of corporation	n - must include suffix)		
Dear Sir or Madam:				
The enclosed "Application by Fo "Certificate of Existence", and ch to transact business in Florida.				
Please return all correspondence	concerning this matter	to the following:		
SCOTT SHR	AVE			
	AVE (Name of	Person)		,
COSTAFF S	SERVICES, LI	_C	<u> </u>	_
	SERVICES, LL (Firm/Co. NTURY DRIV	mpany)	و ـ . - قاربة المحددة	
<u>30549 UE</u>	NTURY DRIV	E	74 743	
WIXOM, M	(Addr 1 48393 - 7	ress) -062		- T
		and Zip code)	1 (3) 1 (3) (3)	
For further information concerning	ig this matter, please o	all:		
SCOTT SHRAVE (Name of Person)	at (248 (Area () 926-1425 ★ Code & Daytime Telepho	105 ne Number)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the follow	ing amount:			
	75 Filing Fee & tificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, 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.

1.	· COSTAFF PROFESSIONAL SERVICES, INC.			
	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" of 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.	MICHGAN 3. 75-3046649 (State or country under the law of which it is incorporated) (FEI number, if applicable)			
	(State or country under the law of which it is incorporated) (FEI number, if applicable))		_
4	(Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist of			
٠.	(Date of incorporation) 5. VERPETUAL (Duration: Year corp. will cease to exist of	or "perp	etual"))
6.	11001 01015100 では			
	(Date first transacted business in Florida, If corporation has not transacted business in Florida, insert "upon	qualifi	cation.	<u>")</u>
	(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 30549 CENTURY DRIVE WIXOM, MI 48393 (Principal office address)			
7.	10771 CENTURY DETER WINDING PIT 40275	14	<u>Q</u>	
	SAME			
			-5	
	(Current mailing address)	143	27	
8.	EMPLOYEE LEASING		27 PH 3	
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	- 1	(4)	
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT according to the control of	eptable	ယ (ယ်	
	Name: CT CORPORATION SYSTEM			
Oſ	ffice Address: 1200 SOUTH PINE ISLAND ROAD			
	PLANTATION, Florida 33324			
	(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.

SEE ATTACHED	
(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:

DIRECTORS	
hairman:	
ddress:	
ce Chairman:	
ddress:	
irector:	
ldress:	
rector;	
Idress:	•
	700
OFFICERS	
OFFICERS Sident: MICHAEL R. BULGARELLI	The state of the s
Idress: 907 MARY WOOD DR.	
ROYAL DAY MI 48067	<u> </u>
ce President: DONALD G. LEITH	
Idress: 7114 SOUTH ELDER COURT	
WEST BLOOMFIELD, MI 48324	
cretary: DONALD G. LEITH	
ldress:	
easurer: MICHAEL R. BULGARELLI	
ldress:	
OTE: If necessary, you may attach an addendum to the application listing addition	nal officers and/or directors.
Michael & Bakaull.	
(Signature of Chairman, Vace Chairman, or any officer listed in nun	nber 12 of the application)
MICHAEL R. BULGARELL PRESIDENT (Typed or printed name and caracity of person signing appl	• • •

ACCEPTANCE OF APPOINTMENT

⁻ RE: CoStaff Professional Services, Inc.

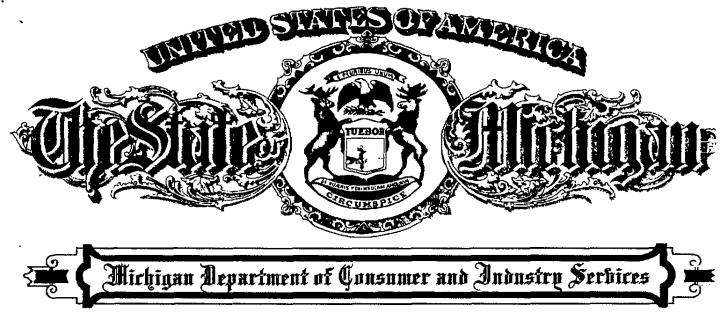
Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: May 9, 2003

CT CORPORATION SYSTEM

Jennifer L. Gollbach

Assistant Secretary



Lansing, Michigan

This is to Certify That

COSTAFF PROFESSIONAL SERVICES, INC.

was validly incorporated on April 23, 2002, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 5th day of May, 2003.

Director

Bureau of Commercial Services