F03000	005450		
(Requestor's Name) (Address) (Address)	400023886314		
(City/State/Zip/Phone #)	11/03/0301022004 **70.00		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	RECEIVED 03 NOV -3 AM 10: 16 UESCHUE LE FURATIONS ALLAMASSEE FLORIDAS		
Office Use Only	M. S. S.		



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## **Filing Evidence**

- Plain/Confirmation Copy
- □ Certified Copy

# **Retrieval Request**

- □ Photocopy
- □ Certified Copy

- Type of Document
- □ Certificate of Status
- □ Certificate of Good Standing
- $\square$  Articles Only
- □ All Charter Documents to Include
- Articles & Amendments
- Fictitious Name Certificate
  - Other

NEW FILINGS
Profit
Non Profit
Limited Liability
Domestication
Other

OTHER FILINGS
 Annual Reports
Fictitious Name
Name Reservation
Reinstatement

_	AMENDMENTS	:
	Amendment _	 {
	Resignation of RA Officer/Director	:
	Change of Registered Agent	
	Dissolution/Withdrawal	
	Merger	i

	REGISTRATION/QUALIFICATION	[ 
X	Foreign	:
	Limited Liability	ł
	Reinstatement	!
	Trademark	1
i	Other	;

#### 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. Staffic	obs.com Inc.					E T
words or abbrow	ration; must include the visitions of like import is or partnership if not so c	r ianguage as will cl	arly i	", "COMPANY", "CORPO adioans that it is a comporatio secut.)	RATION" or n instead of a	. is i
2. <u>New Yo</u> r		·····	_3	13-4164650		3
(State or country	y under the law of which	is is incorporated)		(FEI mumber.	if applicable)	
4. Septemi	ber 25, 2000		5, _	Perpétual		En o
(Dai	te of incorporation)		(	Duration: Year corp. will co	ease to exist or "per	petual")
6 UDOD 0	ualification					
(Date first traits	acted business in Florida (SE	E SECTIONS 607.1	501, 6	ansacted business in Florida i07.1502 and 817.155, F.S.)		fication.")
7. <u>8 The P</u> i	comenade, New					
	,	(Principal office	Routes	\$)	· ·	
8 The P	comenade, New				<u> </u>	<u> </u>
		(Current mailing	addres	(8)		
	re in any law:			ty	of Plorida)	
9. Name and st	ect address of Florid	ia registered age	nt: (li	.O. Box or Mail Drop Bo	x NOT eccepted	10)
Name:	<u>NationsCorp</u>	Registered	Age	<u>nt</u> s, Inc.		
Office Address:	526 East Par	rk Avenue		· · · · ·	•	
	Tallahassee			Florida 32301	•	

10. Registered agent's acceptance:

(City)

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 suparity. I further agree to assupe 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.

Sec - 10-(Registered agent's signature) AT 2051

(Zip code)

22 **m** - 1

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.

- 4				
	•	· · · ·		
			۱ ۲	
12. Nama	e and business addresses of of	ficers and/or directors:	<i>,</i>	
2. C.				
A. DIRE				
Chairman.	Arline Panitz			·
Address: _	8 The Promenade			······································
	New City, New York	10956	· · · · · · · · · · · · · · · · · · ·	
Vice Chain	(1911);			
Address:				×
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		····	······································	
			= { * <u>* * * * * * * * * * * * * * * * * </u>	
Address: _			;	
				·
Director:			<u> </u>	
Address: _			<u> </u>	
	~ u*\16.49			
B. OFFIC			•	
	Arline Panitz		بر المراجع الم مراجع المراجع ال المراجع المراجع	
Address: _	8 The Promenade			• •
_	New City, New Yor)	x 10956	· · · · · · · · · · · · · · · · · · ·	
Vice Presid	£nf:			·
Addreas:		<u></u>	i	
-				
Canalan	Arline Panitz			
			5 <i>6</i>	
		New City, New York 109	<u>, ac</u>	<u> </u>
Treasurer:			; 	
Address:	····-			
				· · ·
NOTE: If	necessary, you may attach an a	ddendum to the application listing as	ditional officers and/or director	5.
13				
		ice Chairman, or any officer listed i	n number 12 of the application)	
14	Arline	Panizz- President name and capacity of person signing		
		·	3 application)	معدو معرف ر

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# State of New York }ss: Department of State

I hereby certify, that the Certificate of Incorporation of STAFFJOBS.COM INC. was filed on 09/25/2000, 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.

المعدد بمتسمي والاراج



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Witness my hand and the official seal of the Department of State at the City of Albany, this 29th day of October two thousand and three.

Ken

Secretary of State

200310300410 \* 13