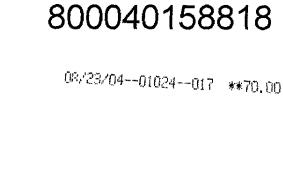
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<u>"a</u>
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Common Line)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W04-32591 647

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04 SEP 20 PH 2: 00



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 27, 2004

MARIA MENIX 1203 1/2 PARSONS AVENUE COLUMBUS, OH 43206

SUBJECT: SUPERIOR TEMPORARY STAFFING INCORPORATED

Ref. Number: W04000032591

We have received your document for SUPERIOR TEMPORARY STAFFING INCORPORATED and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick Document Specialist

Letter Number: 604A00052413

## TRANSMITTAL LETTER

	Registration ( Division of C					
		•	ı İno			
SUBJE	C.L: anbei	ior Temporary Staffing (Name)		on - must include suffin	<u> </u>	
		<b>(</b>	- · · · · · · · ·		.,	
Dear Sir	or Madaın:					
"Certific		nce," and check are st		· Authorization to Trans register the above refer		
Please re	eturn all com	espondence concernin	g this matte	r to the following:		
		. Sant 10 Safet - Marie Ma		Maria Menix		
			(Name c	f Person)		
			Qual	ity Employee Managem	nent	
			(Firm/C	ompany)		
			1203 1/2	Parsons Avenue		
			(Ado	lress)		
			Col	umbus, Ohio 43206		
		li i	(City/State	and Zip code)		<u>0</u>
For furth	ner informatio	on concerning this ma	tter, please	call:		04 SEP 20 PN 2: 00
Maria Me	enix	a	it ( 614	751-6889		<u> </u>
Maria Maria Palana	(Name of Pe			Code & Daytime Telep	ohone Number)	1 2: 00
STREET ADDRESS: MAILING ADDRESS:						
Registration Section Division of Corporations				Registration Section Division of Corporations		
409 E. Guines St. P.O. Box 6327			•			
•	Tallahassee,	FL 32399		Tallahassee.	FL 32314	
Enclosed	i is a check f	or the following amou	int:			
<b>Ø</b> \$70.0	00 Filing Fec	□ \$78.75 Filing Certificate of		□ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filin Certificate Certified C	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.

ι.	Sugerior Temporary Staffing Inc.								
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co,," or "Corp.,")								
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)								
2.	Mithigan 3, 20-0495128								
_,	(State or country under the law of which it is incorporated) (FEI number, if applicable)								
4.	December 16, 2003 5,								
	(Duration: Year corp. will cease to exist or "perpetual")								
6.									
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)								
7.	610 West Waters Avenue Suite I Tampa, Florida 33612								
, ,	(Principal office address)								
	13055 Michigan Avenue Dearborn, Michigan 48126								
	(Current mailing address)								
8,	Temporary Staffing Agency	F							
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)								
Ÿ.	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)								
	Name: Orly Macias								
0	ffice Address: 610 West Waters Avenue Suite I								
	Tampa , Florida 33612 0								
	(City) (Zip code)	Ţ.,							

10 Registered agent's acceptance;

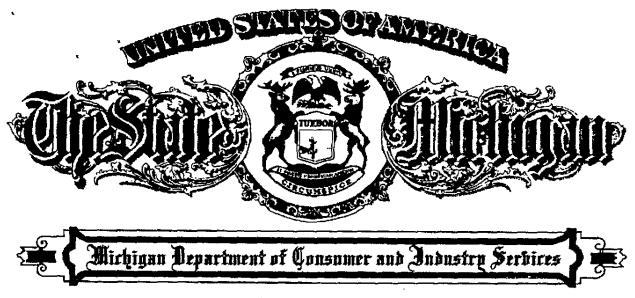
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Cork Haran

(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	
Chairm in:	
Addres	
Vice Chairman:	
Address:	
Director:	
Address:	
Directors	,
Address.	
B. OFFICERS	
President Quinn Persson	<u> </u>
Addre si 13355 Michigan Avenue	SE CO
Dearborn, Michigan 48126	22 5
Vice Fresident.	
Address:	<u></u>
	00
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, for may attach an addendum to the application listing additional of	ficers and/or directors.
13. (Signature of Director or Officer listed in number 12 of the applicat	
(Signature of Director of Offices fished in homoer 12 of the applicate	,
(Typed or printed name and canacity of person signing application	n)



Lansing, Michigan

This is to Certify That

#### SUPERIOR TEMPORARY STAFFING, INC.

was validly incorporated on December 16, 2003, 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



Sent by Facsimile Transmission 809974

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 20th day of September, 2004.

7 7 -

Bureau of Commercial Services