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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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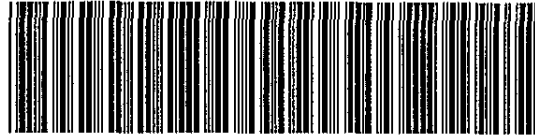
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. SWAN DEC 29 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMPUTER MANPOWER USA, 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:

MARIA PASCUAL

(Name of Person)

COMPUTER MANPOWER USA, INC.

(Firm/Company)

15 OLD FORGE DRIVE

(Address)

WARREN, NJ 07059

(City/State and Zip code)

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For further information concerning this matter, please call:

MARIA PASCUAL

(Name of Person)

at (908) 647 7477

(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

**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. COMPUTER MANPOWER USA, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N.J. COMPUTER MANPOWER, INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW JERSEY 3. 22 3328554
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. _____ 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 12/1/2004
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 15 OLD FORGE DRIVE, WARREN, NJ 07059
(Principal office address)

15 OLD FORGE DRIVE, WARREN, NJ 07059
(Current mailing address)

8. _____
(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 NOT acceptable)

Name: NATALIA CRUZ

Office Address: 8649 North Himes Ave, #1217

Tampa, FL 33614, Florida 33614
(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.

Natalia Cruz
(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:

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: MARIA SANDRA C. PASCUAL

Address: 19 MSGR WOJTYCHA DRIVE

JERSEY CITY, NJ 07305

^{CEO}
Vice President: MARIA P. PASCUAL

Address: 15 OLD FORGE DRIVE

WARREN, NJ 07059

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. MARIA PASCUAL
(Signature of Director or Officer listed in number 12 of the application)

14. MARIA PASCUAL, CEO
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

COMPUTER MANPOWER USA, INC.
0100602274

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on September 28, 1994.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

*Maria P Reyes
15 Old Forge Dr
Warren, NJ 07059 0000*

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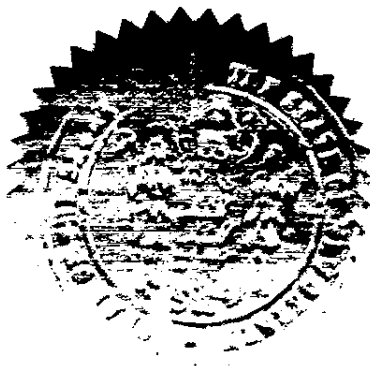
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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

COMPUTER MANPOWER USA, INC.

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TALLAHASSEE, FLORIDA

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
7th day of December, 2004



John E McCormac, CPA
State Treasurer