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PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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SECRETARY OF STATE
FALLAHASSEEL FLORIDA

AUG-1 2008 D. A. WHITE

## **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: Special Project S	oration - must include suffix)	
(Name of corp	oration - must include suffix)	
Dear Sir or Madam:		
· · · · · · · · · · · · · · · · · · ·	n for Authorization to Transact Business in Florida," d to register the above referenced foreign corporation to	
Please return all correspondence concerning this r	natter to the following:	
Cary E. Bos	S	
(Na	me of Person)	
Special Project Sta	ffing by Salem, Inc.	
Z Trans Am Plazo	り( して Address)	
	·	
Cajubrook Terrace	tate and Zip code)	
, ·	• ,	
For further information concerning this matter, ple	ase call:	
Cary Boss at (6	30,873-3022	
(Name of Person) at (630) 873-3022  (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: New Filing Section	MAILING ADDRESS: New Filing Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32301	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 & S87.50 Filing Fee, Certified Copy Certified Copy Certified Copy	

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDAREGISTER A FOREIGN CORPORATION TO TRANSAC	
1. Special Project Staffi  (Enter name of corporation; must include "INCORPORAT"  "Inc.," "Co.," "Corp.," "Inc.," "Co," or "Corp.")	ng by Salem Inc. & ED," "COMPANY," "CORPORATION,"
and the second s	me adopted for the purpose of transacting business in Florida)
2. I //no/is	3. 80-0074697 Sin Sin (FEI number, if applicable)
(State or country under the law of which it is incorporated)	
4. (Date of incorporation)	5. (Duration: Year corp. will cease to exist or "perpetual")
•	(Smarton Ton tonp with the state of the stat
	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)
(Principal office a	
Z Trans Am Plaza Drive (Current mailing a	Oakbrookterrace, 16 60181
Rurpose(s) of corporation authorized in home state of	r country to be carried out in state of Florida)
Name and street address of Florida registered agent: (I	P.O. Box NOT acceptable)
Name: CT Corporation Sy	skm
Office Address: 1200 S. Fine Islan	d ld.
Plantation (City)	, Florida 3332 (Zip code)
esignated in this application, I hereby accept the appoin	vice of process for the above stated corporation at the place stment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my duties position as registered agent.
9,00 N.M.R.	Jill Duffy-Baricovich Assistant Secretary
(Registered agent's signature	0)

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	FILE
Chairman: Dorotheg Lorenz	- PILED
Address: 304 Country lane	SECKETARY OF 4: 03
Des Plaines, 16 60016	SECKETARY OF STATE  FALLAHASSEE, FLORIDA
Vice Chairman:	-L. CLORIDA
Address:	
Director: Daviel Caraher	
Address: 1361 Long Acre Lane	
Wheeling, IL 60090	
Director: Linda Broz	
Address: 1605 Windjammer lane	
Hanover Park, 1 60133	
B. OFFICERS	
President: Dolothea Lorenz	
Address: 304 Country Lane	
Des Plaines, 16 60016	
Vice President: <u>Daniel</u> Graher	
Address: 1361 Long Fare lane Wheeling 11	L 60090
<u> </u>	
Secretary: Daniel Caraher	
Address: 1361 Long Acre Lane Wheeling,	11 10090
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing a	dditional officers and/or directors.
13. A Cinul	
(Signature of Director or Officer listed in number 12 of	
14. <u>Daniel</u> (araher, Executive Vice Ples (Typed or printed name and capacity of person signing	ident
(Typed or printed name and capacity of person signing	g application)

File Number

6297-579-2



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

SPECIAL PROJECT STAFFING BY SALEM, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 16, 2003, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 0821301388

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 31ST

day of

JULY

A.D.

2008

Desse White

SECRETARY OF STATE