

F09000001580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

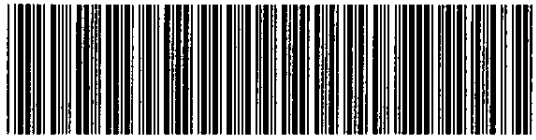
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA  
CLERK OF STATE

WD9-16269

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Lead Staffing Corporation  
(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:

John Johnson  
(Name of Person)

Lead Staffing Corporation  
(Firm/Company)

2694 E. Garvey Ave., South # 397  
(Address)

West Covina, CA 91791  
(City/State and Zip code)

For further information concerning this matter, please call:

John Johnson at ( 800 ) 928-5561  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 17, 2009

JOHN JOHNSON  
2694 E GARVEY AVE SOUTH 397  
WEST COVINA, CA 91791

SUBJECT: LEAD STAFFING CORPORATION  
Ref. Number: W09000016269

We have received your document for LEAD STAFFING CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of incorporation listed in number 4 must be the complete date listed on your certificate of status.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return the corrected original and one copy of 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) 245-6931.

Becky McKnight  
Regulatory Specialist II  
New Filing Section

Letter Number: 609A00011751

**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. Lead Staffing Corporation**

(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. California, USA**

(State or country under the law of which it is incorporated)

**3. 20-3685333**

(FEI number, if applicable)

**4. 10/31/2005**

(Date of incorporation)

**5. Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

**6. No Business**

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

**7. 2694 E. Garvey Ave., South # 397, West Covina, CA 91791**

(Principal office address)

**2694 E. Garvey Ave., South # 397, West Covina, CA 91791**

(Current mailing address)

**8. Provide Medical Staffing Services to Florida Institutions**

(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: **George Mamboleo**

Office Address: **13206 St. Cole Court**

**Orlando**, Florida **32828**


(City)

(Zip code)

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**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.*



(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**

Chairman: Edith Kerubo

Address: 2694 E. Garvey Ave., South # 397  
West Covina, CA 91791

Vice Chairman: Lilian Nyamoita

Address: 2694 E. Garvey Ave., South # 397  
West Covina, CA 91791

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Edith Kerubu

Address: 2694 E. Garvey Ave., South # 397  
West Covina, CA 91791

Vice President: Lilian Nyamoita

Address: 2694 E Garvey Ave., South # 397  
West Covina, CA 91791

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. 

(Signature of Director or Officer listed in number 12 of the application)

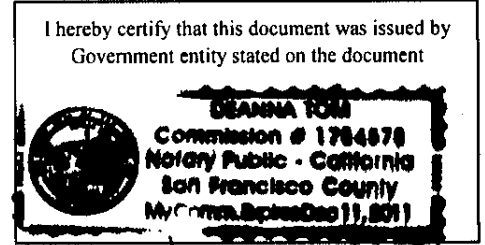
14. Edith Kerubo - Chairman

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

State of California  
Secretary of State

CERTIFICATE OF STATUS



5/13

ENTITY NAME:

LEAD STAFFING CORPORATION

FILE NUMBER: C2810181  
FORMATION DATE: 10/31/2005  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to exercise  
all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of April 01, 2009.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State