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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies: <u>One Govern</u> Certificates of Status <u>on Alexa</u>	jjî ≒
Special Instructions to Filing Officer:	

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SECRETARY OF STATE
TALLAHASSEE. FLORID

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COVER LETTER

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TO: New Filing Section Division of Corporations	
$\sim \sim 0$	Tac
SCHOOL	L Inc.
Name of corpor	ation - 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 m	natter to the following:
Adam Rench	
•	e of Person
AMR Staffing	Inc.
Firm	Company
11 Sassi Dr.	
	Address
Croton on Huds	ate and Zip code
City/St	ate and Zip code
atench@amyStaffin	9 • COM sed for future annual report notification)
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, ple	ase call:
Adam Rench at (91)	Area Code & Daytime Telephone Number
Name of Person A	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 & \$87.50 Filing Fee, Certified Copy Certified Copy Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

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DEPARTMENT OF STATE

TAI LAHASSEE, FLORIDA

October 26, 2009

ADAM RENCH 11 SASSI DR. CROTON ON HUDSON, NY 10520

SUBJECT: AMR STAFFING INC. Ref. Number: W09000047540

We have received your document for AMR STAFFING INC. and your check(s) totaling \$70.00. 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 match the date listed on your certificate of status.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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: 209A00033933

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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. (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) (State or country under the law of which it is incorporated) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) M. Croton on Hudson, NY 10520 (Principal office address) (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: Office Address: 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.

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: Hudson, NY 10520 Vice Chairman: Address: _ Director: **B. OFFICERS** President: Address: _ Croton on Hudson Vice President: Secretary: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Mamberd (Signature of Director or Officer listed in number 12 of the application) Adam Kend

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

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of AMR STAFFING INC. was filed on 12/07/1999, 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 an existing corporation.

The Biennial Statement is past due.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 07th day of October two

Albany, this 07th day of October to thousand and nine.

OF NE William Secretary of State

RECELSION OF SECRETARY OF STATE

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