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COVER LETTER

COVER	R LETTER 74 LETTER 74 LAWASSEE, FLORIOA pration - must include suffix)
TO. North Carles	TALLASETA D
TO: New Filing Section Division of Corporations	ANASSEE STA
SUBJECT:THE MAXIS GROUP	JNC.
(Name of corpo	oration - must include suffix)
Dear Sir or Madam:	
	for Authorization to Transact Business in Florida," I to register the above referenced foreign corporation to
Please return all correspondence concerning this m	atter to the following:
JULIA WESLEY	
(Nan	ne of Person)
THE MAXES GROUP, INC	
(Firn	n/Company)
8167 E. DEL CAMINO	DR
	Address)
Scottsdale, AZ 85258	
	tate and Zip code)
For further information concerning this matter, plea	ase call:
MARK BAHRADNIK at (48	30) 963-7592
	rea Code & Daytime Telephone Number)
-	_
STREET/COURIER ADDRESS:	MAILING ADDRESS:
New Filing Section	New Filing Section
	Division of Corporations
Division of Corporations	D O D (222
Division of Corporations Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314

Certified Copy

Certificate of Status & Certified Copy

Certificate 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.

1.	THE MAXIS GROUP, INC.	_
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	
	"lnc.," "Co.," "Corp," "lnc," "Co," or "Corp.")	
	THE MAXIS GROUP OF ARIZONA, INC. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida	.
)
2.	(State or country under the law of which it is incorporated) 3. 20-3856907 (FEI number, if applicable)	_
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	12/8/2005 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")	
••	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual"))
6.	1/1/2009	
	(Date first transacted business in Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7	8167 E. DEL CAMINO DR. Scottsdale AZ 85258	_
	(Principal office address)	
	8167 E. Del Campo De. Scottsdale AZ 85258	
	(Current mailing address)	
8.	TEMPORARY STAFFING PLACEMENTS Du 2	_
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florid	П
9.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Floridation authorized in home state or country to be carried out in state of Floridation authorized in home state or country to be carried out in state of Floridation authorized in home state or country to be carried out in state of Floridation authorized in home state or country to be carried out in state of Floridation authorized in home state or country to be carried out in state of Floridation authorized in home state or country to be carried out in state of Floridation authorized in home state or country to be carried out in state of Floridation authorized in home state or country to be carried out in state of Floridation authorized in home state or country to be carried out in state of Floridation authorized in home state or country to be carried out in state of Floridation authorized in home state or country to be carried out in state of Floridation authorized in home state or country to be carried out in state of Floridation authorized in home state or country to be carried out in state of Floridation authorized in home state or country to be carried out in state of Floridation authorized in home state or country to be carried out in state of Floridation authorized in home state or country to be carried out in state of Floridation authorized in home state or country to be carried out in state of Floridation authorized in home state or country to be carried out in state of Floridation authorized in home state or country to be carried out in state of Floridation authorized in home state or country to be carried out in state of Floridation authorized in home state or country to be carried out in state or country authorized in home state or carried out in state or car	
	SR -	! !
	Name: Hatrick J. Convolly	; ;
Of	Name: Patrick J. Connolly Fince Address: 135 Macking bird Lane Delray Beach, Florida 3345	
	Dolon Borch Florida 38445 Em 25	
	(City), Florida 3373 (Zip code)	
	(V)	

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: Kim Bouko					
Chairman: Kim Bouko					
Address: 935 South 132 ms St.					
A. DIRECTORS Chairman: Kim Boyko Address: 935 South 132 ms st. Gilbert, AZ 85233					
Vice Chairman:					
Address:					
Director:					
Address:					
Director:					
Address:					
B. OFFICERS					
President: Julia Wesley					
Address: B167 E. Del Campio De					
Scottschole, AZ 85258					
Vice President: Michael Connolly					
Address: 8263 W. Camino De Oro					
- Prone, AZ 85383					
Secretary: Michael Connolly					
Address: 8263 W. Comino De Oro Peoria, AZ 85383					
Treasurer: Michael Connolly					
Address: 8263 W CAMINO De Oro Peurla, AZ 85383					
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)					
. $oldsymbol{v}$					
14. Julia Wesley, Pesiclent (Typed or printed name and capacity of person signing application)					





Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Ernest G. Johnson, Executive Director of the Arizona Corporation Commission, do hereby certify that

***THE MAXIS GROUP, INC. ***

a domestic corporation organized under the laws of the State of Arizona, did incorporate on December 8, 2005.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Business Corporation Act; and that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-122, 10-123, 10-125 & 10-1622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 3rd Day of November, 2009, A. D.

Executive Director

By: 408990







