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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

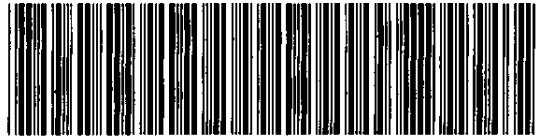
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 MAR 10 PM 2:24

W1-6322

Am 2/11/10

### COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: INCONEN TEMPORARY SERVICES, 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:

LLOYD MALAMUD  
(Name of Person)

LLOYD MALAMUD, C.P.A.  
(Firm/Company)

2566 OVERLAND AVE. #600  
(Address)

LOS ANGELES CA. 90064  
(City/State and Zip code)

For further information concerning this matter, please call:

LLOYD MALAMUD at (310) 204-2273  
(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

February 8, 2010

LLOYD MALAMUD  
2566 OVERLAND AVE #600  
LOS ANGELES, CA 90064

SUBJECT: INCONEN TEMPORARY SERVICES, INC.  
Ref. Number: W10000006322

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

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1700.00.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 710A00003224

### 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. INCONEN TEMPORARY SERVICES, INC.  
(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 3. 95-4605339  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/04/96 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 10/28/01 - TEMPORARY SERVICE  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6133 BRISTOL PARKWAY, SUITE 225 CULVER CITY, CA 90230  
(Principal office address)

SAME  
(Current mailing address)

8. TEMPORARY EMPLOYEE FOR CLIENT IN FL.  
(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: Business Filings Incorporated  
Office Address: 1203 Governors Square, Suite 101  
Tallahassee Florida 32301-2960  
(City) (Zip code)

10 MAR 10 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.*

Bernard Blutter, Asst Secretary  
for Business Filings Incorporated  
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

DIRECTOR  
Chairman: GORDON ROSS

Address: 306 NO. DIANTHUS ST.  
MANHATTAN BEACH, CA. 90266

DIRECTOR  
Vice-Chairman: DAVID TETREULT

Address: 346 MONTECHICO DR.  
MONTEREY PARK, CA. 91754

Director: BERNARD MULLIGAN

Address: 22232 ALIZONDO DR.  
WOODLAND HILLS, CA. 91364

Director: RUSSELL BANNER

Address: 1242 11TH ST.  
HERMOSA BEACH, CA. 90254

DIRECTOR: DERICK TILLEY

856 WINDSOR DR. S.E.  
SAMMANISH WA  
98074

B. OFFICERS

President: GORDON ROSS

Address: 306 NO DIANTHUS ST.  
MANHATTAN BEACH, CA. 90266

Vice President: DAVID TETREULT

Address: 346 MONTECHICO DR  
MONTEREY PARK, CA. 91754


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. PRESIDENT - Gordon Ross  
(Typed or printed name and capacity of person signing application)

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
10 APR 10 PM 2:24

State of California  
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

INCONEN TEMPORARY SERVICES, INC.

FILE NUMBER: C1993226  
FORMATION DATE: 11/04/1996  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 MAR 10 PM 2:24

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 February 16, 2010.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State