

F/000000/238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

12:16 - could is paying cert.  
3/8/10 also will send RA info & signature

Office Use Only



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03/05/10--01047--002 \*\*1937.50

FILED

2010 MAR 10 P 2:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

MAR 11 2010  
D.A. WHITE



New York Staffing Services, Inc. *powered by*



March 1<sup>st</sup>, 2010

**Florida Department of State**  
Division of Corporations  
P.O Box 6327  
Tallahassee, FL 32314  
Att: Dale White

Ms. White,

Please find enclosed, a check in the amount of \$1937.50 for fees and penalties associated with New York Staffing Services, Inc.'s registration for doing business in the state of Florida.

If there is need for more documentation, please contact me at your earliest.

Best Regards,

Bonny O. Williams  
Vice President of Operations

**COVER LETTER**

**FILED**

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

2010 MAR 10 P 2:21

**SUBJECT:** NEW YORK STAFFING SERVICES, INC.  
(Name of corporation - must include suffix)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

MICHAEL S. ROBINSON

(Name of Person)

NEW YORK STAFFING SERVICES, INC.

(Firm/Company)

40 EXCHANGE PLACE, SUITE 1900

(Address)

NEW YORK, NY 10005

(City/State and Zip code)

For further information concerning this matter, please call:

MICHAEL S. ROBINSON at (212) 425-2979

(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

FILED

2010 MAR 10 P 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 8, 2010

MICHAEL S. ROBINSON  
NEW YORK STAFFING SERVICES, INC.  
40 EXCHANGE PLACE, SUITE 1900  
NEW YORK, NY 10005

SUBJECT: NEW YORK STAFFING SERVICES INC  
Ref. Number: W10000011613

We have received your document for NEW YORK STAFFING SERVICES INC and your check(s) totaling \$1937.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White  
Regulatory Specialist II

Letter Number: 810A00005676

*not  
sent  
Called-will  
send deficiencies asap.*

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILED

2010 MAR 10 P 2: 21

1. NEW YORK STAFFING SERVICES, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK

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

3. 13-4058729

(FEI number, if applicable)

4. 05/99

(Date of incorporation)

5. Perpetual

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

6. 2001

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

7. 40 EXCHANGE PLACE, NEW YORK, NY 10005

(Principal office address)

40 EXCHANGE PLACE, SUITE 1900, NEW YORK, NY 10005

(Current mailing address)

8. TEMPORARY AND PERMANENT EMPLOYMENT PLACEMENT SERVICES.

(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:

Stacy Madden

Office Address:

1408 N. Westshore Blvd, Ste 610

Tampa

(City)

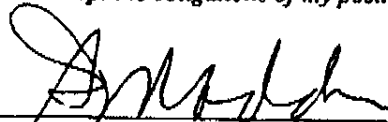
, Florida

33647

(Zip code)

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.

lication to  
isdiction

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

**FILED**

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

2010 MAR 10 P 2:21

Vice Chairman: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

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

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

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

**B. OFFICERS**

President: MICHAEL S. ROBINSON

Address: 426 CIERMONT AVENUE

BROOKLYN, NY 11238

Vice President: \_\_\_\_\_

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

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. MICHAEL ROBINSON PRESIDENT/CEO

(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 NEW YORK STAFFING SERVICES, INC. was filed on 04/13/1999, 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.

\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 04th day of March two  
thousand and ten.*



*First Deputy Secretary of State*

201003050402 100

**FILED**  
2010 MAR 10 P 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA