

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6381

**\*RE-SUBMIT\***

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000000  
Phone : (850) 222-1000  
Fax Number : (850) 878-5368

Please retain original filing date of submission

\*\*Enter the email address for this business entity to be used for status annual report mailings. Enter only one email address please

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

FOREIGN PROFIT/NONPROFIT CORPORATION  
QTI Human Resources, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	056
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JUN 25 A 11:26

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10 JUN 30 PM 4:50

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JUL -1 2010

D.A. WHITE



June 28, 2010

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: QTI HUMAN RESOURCES, INC.  
REF: W10000030707

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

If you have any further questions concerning your document, please call (850) 243-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H10000148773  
Letter Number: 410A00015793

## COVER LETTER

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

**SUBJECT:** QTI Human Resources, 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," or "Certificate of Good Standing" 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 Komosa

Name of Person

QTI Human Resources, Inc.

Firm/Company

4476 Robertson Road

Address

Madison, WI 53714

City/State and Zip code

johnk@qstaff.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Komosa

at (608) 258-5525

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

**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. QTI Human Resources, 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. Wisconsin

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

3. 39-1817512

(FEI number, if applicable)

4. 4/19/1995

(Date of incorporation)

5. Perpetual

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

6. \_\_\_\_\_

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

7. 4476 Robertson Road, Madison, WI 53714

(Principal office address)

P.O. Box 552, Madison, WI 53701-0552

(Current mailing address)

8. Professional employer organization (employee leasing company)

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.*

C T Corporation System

By: \_\_\_\_\_

(Registered agent's signature)

Assistant Secretary  
Ashley Pipes

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:

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A. DIRECTORS

Chairman: David Silverberg

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Address: 4476 Robertson Road  
Madison, WI 53714

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

Director: Jay Loewi

Address: 4476 Robertson Road  
Madison, WI 53714

Director: Londa Dewey

Address: 4476 Robertson Road  
Madison, WI 53714

B. OFFICERS

President: Londa Dewey

Address: 4476 Robertson Road  
Madison, WI 53714

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

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

Secretary: David Silverberg

Address: 4476 Robertson Road, Madison, WI 53714

Treasurer: Jay Loewi

Address: 4476 Robertson Road, Madison, WI 53714

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. Londa J. Dewey

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

United States of America  
State of Wisconsin

FILED



DEPARTMENT OF FINANCIAL INSTITUTIONS 25 A 11: 26

Division of Corporate & Consumer Services  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

**QTI HUMAN RESOURCES, INC.**

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is April 19, 1995.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on June 25, 2010.



A handwritten signature in black ink, appearing to read "Ray Allen".

RAY ALLEN, Deputy Administrator  
Division Of Corporate & Consumer Services  
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate