

To: FL Dept of State
Subject: 000631.129428
Division of Corporations

From: Kim Weidenbach

Tuesday, July 27, 2010 2:11 PM Page: 1 of 4

https://www.sos.state.fl.us/efilcovr.exe

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000170509 3)))



H100001705093ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

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

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
GCA PRODUCTION SERVICES, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

Woknight JUL 28 2010

H10000170509 3

**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. GCA PRODUCTION SERVICES, INC.

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

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

2. DELAWARE

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

3. 20-2014076

(FEI number, if applicable)

4. 09/17/2004

(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. 1350 EUCLID AVENUE, SUITE 1500, CLEVELAND OH 44115-1832

(Principal office address)

1350 EUCLID AVENUE, SUITE 1500, CLEVELAND OH 44115-1832

(Current mailing address)

8. STAFFING 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: **NRAI SERVICES, INC.**

Office Address: **2731 EXECUTIVE PARK DRIVE, SUITE 4**


WESTON, Florida **33331**

(City)

(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) **TERESA FESTA, ASSISTANT**

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.

H10000170509 3

FILED
10 JUL 27 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H10000170509 3

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: ROBERT NORTON

Address: 1350 EUCLID AVENUE, SUITE 1500

CLEVELAND OH 44115-1832

Director: _____

Address: _____

B. OFFICERS

President: ROBERT NORTON

Address: 1350 EUCLID AVENUE, SUITE 1500

CLEVELAND OH 44115-1832

Vice President: ROBERT GERBER

Address: CLEVELAND OH 44115-1832

CLEVELAND OH 44115-1832

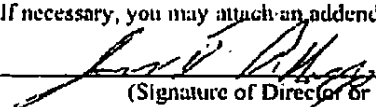
Assistant Secretary: JAMES ALLEN

Address: 1350 EUCLID AVENUE, SUITE 1500, CLEVELAND OH 44115-1832

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. JAMES ALLEN, ASSISTANT SECRETARY
(Typed or printed name and capacity of person signing application)

H10000170509 3

H10000170509 3

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GCA PRODUCTION SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF JULY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GCA PRODUCTION SERVICES, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED
10 JUL 27 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3856544 8300

100774987



[Signature]
AUTHENTICATION: 8135588

DATE: 07-27-10

H10000170509 3