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COVER LETTER

то:	New Filing Sec Division of Cor			
SUB.		•	vices 61000 ation - must include suffix	Inc
a di Mari		Name of corpora	ation - must include suffix	
Dear	Sir or Madam:			
* "Certi	ificate of Existence		for Authorization to Transact Standing" and check are subm siness in Florida.	
Please	e return all corresp	ondence concerning this ma	atter to the following:	
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, 	- Decr	oiting Sent	vices Group,	INC.
:	_		Company \(\hat{\lambda}\)	\(\cdot\)
	310	7 E. Corpi	orate Edge Adress	trive
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		C: - /C+	. 4	
	whodo	res Orsa	hed for future annual report no	
		E-mail address: (to be-ui	sed for future annual report no	tification)
For fu		concerning this matter, plea		
Whi.	Name of Person	at 90	rea Code & Daytime Telephor	ne Number
	STREET/COU New Filing Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle	MAILING AD New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations
Enclo	sed is a check for	the following amount:		
	370.00 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. (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) (State or country under the law of which it is incorporated)

3. (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) orporate Edge Drive, Germantown IV 38 38 same (Current mailing address) (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: Office Address: Augustine, Florida 32080
(City), 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. 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.

APPROVEC AND FILED

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

A. DIRECTORS	# 050 to Bu 5. 67
Chairman: Whitney bladges	M SEP 12 PM 3: 46
Address: 9236 July Rang	SECRETARY OF STATE
St. Augustine Fl 32000	IALLANASSEE. FLURIDA
Vice Chairman:	
Address:	
Director: Charlotte Hodges	
Address: 240 tuckalose In	
Memphis, to 38117	**************************************
Director:	
Address:	
B. OFFICERS	
President: Whithey bodges	
Address: 9236 July Laine	
St Augustine FC 32080	
Vice President: Charlotte Hodges	
240 Trole las	
Memphis, TN 38117	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional of	ficers and/or directors.
13. Whitney	<u>dodges</u>
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirm	ns that the facts stated herein
are true and that he or she is aware that false information submitted in a document to the D third degree felony as provided for in s.817.155. F.S.	Department of State constitutes a
14	
Typed or printed name and capacity of person signing application	n)



STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services

William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

ECRUITING SERVICES GROUP, INC

TTN: WHITNEY HODGES

3107/EXCORPORATE EDGE DR

GERMÂNITOWN, TN 38138

equest Type: Certificate of Existence/Authorization

Request#:

0044860

Issuance Date: 08/09

Copies Requested:

August 9, 2011

\$20.00

Document Receipt

ayment Check/MO - RECRUITING SERVICES GROUP, INC, GERMANTOWN, TN

Filing Fee:

\$20.00

RECRUITING SERVICES GROUP, INCORPORATED

iling:Type:

Corporation For-Profit - Domestic

ormation/Qualification Date: 10/24/1995

tatus 🗱

Active

Duration Term: Perpetual

Control #:

302052

Date Formed:

10/24/1995

Formation Locale: Shelby County

Inactive Date:

CERTIFICATE OF EXISTENCE

Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of heiissüänce date noted above

RECRUITING SERVICES GROUP, INCORPORATED

istate or poration duly incorporated under the law of this State with a date of incorporation and duration as given above;

has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of he business:

has filed the most recent corporation annual report required with this office;

hastappointed a registered agent and registered office in this State;

has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution inot been filed.

Secretary of State

ocessed By: Jayme Johnson Murphy

Phone 615-741-6488 * Fax (615) 741-7310 * Website: http://tnbear.tn.gov/