Division of Corporations Electronic Filing Cover Sheet

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(((H11000277635 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1515

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

Email Address:_

RECEIVED

FOREIGN PROFIT/NONPROFIT CORPORATION TS STAFFING SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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Corporate Filing Menu

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SECRETARY (# STATE



COVER LETTER

TO:	New Filing Section Division of Corporations								
SUBJ	ECT:	TS Staf	fing Services, Inc						
5020	201.		Name of	corpor	ation -	must in	nclude suffi	X	
Dear S	ir or Ma	adam:							
"Certif	icate of	Existence	ion by Foreign Corp e," or "Certificate on n corporation to tra	f Good	Stand	ing" an	d check are		Business in Florida," itted to register the
Plcase	return a	ıll corresp	ondence concerning	g this m	atter t	o the fo	llowing:		
Maria	Long								
				Nam	e of P	erson			
Corpo	ration S	Service C	Company						
				Firm/	Comp	any			
801 St	evenso	n Drive							
		•		A	Addres	s			
Spring	field, I	L 62703							
				City/Sta	ate and	d Zip co	ode		
jschect	ter@tri	stateemp	loyment.com						
<u></u>			E-mail address:	(to be u	sed fo	r future	annual repo	ort not	ification)
For fur	ther inf	ormation	concerning this mat	iter, plea	ase ca	11:			
Maria	Long		а	t (_800)	927-	9801		
	Name	of Person				ode & I	Daytime Tel	ephon	e Number
	New F Division Clifton 2661 F	iling Section of Cor n Building	porations 3 Center Circle	:			MAILING New Filing Division o P.O. Box 6 Tallahasse	g Secti If Corp 5327	ion orations
Enclose	ed is a c	heck for	the following amou	nt:					
□ \$7	70.00 Fi	ling Fee	\$78.75 Filing Certificate of				Filing Fee & ed 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.	TS Staffing So				
	(Enter name of co	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"		
	(If name unavaila	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting business	in Florida)	
2.	Texas	3.			
	(State or country	under the law of which it is incorporated)	(FEI number, if applicable)		
4.	10/21/2011	5.	Perpetual		
		of incorporation)	(Duration: Year corp. will cease to exist or "	perpetial fr	AUN L
6.		Upon Filing		工門	Œ
			in Florida, if prior to registration) 502, F.S., to determine penalty liability)		rig Cis
7.	160 Broadway	, 11th Floor, New York, NY 10038		II ^{ige}	Ē
		(Principal office ad	dress)	SIA	Ö
	Ѕате			무대	No.
		(Current mailing ad	dress)		
	The transaction	n of any and all lawful business.			
8.		of corporation authorized in home state or o	country to be carried out in state of Florida)		
		,			
9.	Name and stree	t address of Florida registered agent: (P.	O. Box NOT acceptable)		
	Name:	Corporation Service Company			
O	ffice Address:	1201 Hays Street			
		Tallahassee	, Florida 32301 (Zip code)		
		(City)	(Zip code)		
H de fu	aving been namesignated in this enther agree to co	application, I hereby accept the appoint	olce of process for the above stated corporation as registered agent and agree to act is relative to the proper and complete perforn	n this capac	ity. I

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 Sccretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature) Maria Long

Corporation Service Company

By:

Signature of Director or Officer.

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he of she is aware that false information submitted in a document to the Department of State constitutes a third degree fellowy as provided for in s.817.155, F.S.

14 Robert Cassera

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

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Hope Andrade Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for TS STAFFING SERVICES, INC. (file number 801497197), a Domestic For-Profit Corporation, was filed in this office on October 21, 2011.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 21, 2011.



Hope Andrade Secretary of State