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(Re	questor's Name)	···
(Ād	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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MRD 7/10/12

COVER LETTER

	Filing Sect					
	D: C	taffing Services, Inc.				
SUBJECT:	<u> </u>		rporat	tion - must include	suffix	
Dear Sir or M	1adam:					
"Certificate of	of Existence	on by Foreign Corpor e," or "Certificate of Concerning to transa	Good S	Standing" and chec		Business in Florida," nitted to register the
Please return	all corresp	ondence concerning th	his ma	tter to the following	ng:	
Sue Ann Work	cman					
_			Name	of Person		
Diverse Staffi	ing Services,	Inc.				
		I	Firm/C	Company		
6325 Digital	Way Suite 10	00			_	
			A	ddress		
Indianapolis, l	IN 46278					
 -		Ci	ty/Sta	te and Zip code		
sworkman@ds	ssconsulting.					
~ 1		E-mail address: (to	be us	ed for future annu	al report no	otification)
For further in	nformation (concerning this matter	r, plea	se call:		,
Sue Ann Work	kman	at (317	524-5700		
Nan	ne of Persor			rea Code & Daytin	ne Telepho	ne Number
New Divis Clift 2661	Filing Sect sion of Corp on Building	porations 3 Center Circle		New Divi P.O.	ILING AD Filing Sec sion of Con Box 6327 ahassee, FI	ction reporations
Enclosed is a	check for t	the following amount:	:			
⊠ ^{\$70.00}]	Filing Fee	\$78.75 Filing Fed Certificate of Sta	e & atus	\$78.75 Filing Certified Co		\$87.50 Filing Fee, Certificate of Status & Certified Copy





RECEIVED 12 JUL -9 AHII: 92

FLORIDA DEPARTMENT OF STATE OF ALLOW! Division of Corporations

May 3, 2012

SUE ANN WORKMAN DIVERSE STAFFING SERVICES, INC. 6325 DIGITAL WAY, SUITE 100 INDIANAPOLIS, IN 46278

SUBJECT: DIVERSE STAFFING SERVICES, INC.

Ref. Number: W12000024521

We have received your document for DIVERSE STAFFING SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 245-6052.

Ruby Dunlap Regulatory Specialist II

Letter Number: 812A00013369

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.

(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Florida
Indiana	3	35-2076286
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
04/19/1999	5	Perpetual (Duration: Year corp. will cease to exist or "perpetual")
	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
	(Date first transacted business	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)
0995 D 31 - N'		visit () as distribute penalty massively
8875 Hidden Riv	er Parkway Suite 300 Tampa, FL 33637 (Principal office ad	draces
009E1EA.t		(11.055)
8875 (Haden Riv	er Parkway Suite 300 Tampa, FL 33637 (Current mailing ad	Livera i
	te mem mannig wo	(t) (55)
Temporary Emp	loyment Agency	
(Purpose(s	s) of corporation authorized in home state or o	country to be carried out in state of Florida) 70 7
. Name and <u>stree</u>	et address of Florida registered agent: (P.	O. Box NOT acceptable)
Name.	Jay McCarty	TARK P
ffice Address:	8875 Hidden River Parkway, Suite 300	O. Box NOT acceptable) ARE AREA STATE OF THE STATE OF TH
	Tampa	, Florida 33637

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.

By: Oay P. We Carty

(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.

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

FILED

A. DIRECTORS 12 JUL -9 PM 12: 1;8 Chairman: SECRETARY OF STATE Address: Vice Chairman: Address: _ Address: _ Director: Address: ___ **B. OFFICERS** President: Clyde D Harris II Address: 6325 Digital Way, Suite 100 Indianapolis, IN 46278 Vice President: George D Apgar Address: 6325 Digital Way, Suite 100 Indianapolis, IN 46278 Secretary: George D Apgar Address: 6325 Digital Way, Suite 100, Indianapolis, IN 46278 Treasurer: George D Apgar Address: 6325 Digital Way, Suite 100, Indianapolis, IN 46278 NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors. 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 or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. George D Apgar

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

FILED

12 JUL -9 PM 12: 48

SECRETARY OF STATE TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greetings:

I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

DIVERSE STAFFING SERVICES, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on April 19, 1999, and was in existence or authorized to transact business in the State of Indiana on July 02, 2012.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Second Day of July, 2012.

Corrie Zamson

Connie Lawson, Secretary of State

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