1400000004

(Requestor's Name)					
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone	· #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Document Number)					
Certified Copies	·	of Status			
Special Instructions to	Filing Officer.				
·					

Office Use Only



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01/10/14--01013--009 **78.75

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: On Demand Staffing, Inc.	
	ntion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but	
Please return all correspondence concerning this m	atter to the following:
Shane Headlee	
Name	e of Person
On Demand Staffing, Inc.	
Firm/0	Company
2911 West W Washington	
A	ddress
Indianapolis, IN 46222	
City/Sta	ite and Zip code
shane.headlee@ondemandstaffing.jobs	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Shane Headlee at (317	635.7736
Name of Person A	rea 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 & ☐ \$87.50 Filing Fee, Certified Copy



December 17, 2013

ON DEMAND STAFFING, INC. 2911 WEST WASHINGTON INDIANAPOLIS, IN 46222

SUBJECT: ON DEMAND STAFFING, INC.

Ref. Number: W13000068740

We have received your document for ON DEMAND STAFFING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 713A00028602

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.

	orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"		
	·		adopted for the purpose of transacting business in Florid	a)	
Indiana	Indiana 3. 35 - 2/3 29/4 State or country under the law of which it is incorporated) (FEI number, if applicable)		<u> 35 - 213 2914</u>		
(State or country i	under the law of which it is incorporated)				
2/27/2001		5.	Perpetual		
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual	")	
	3/10/13				
	(SEE SECTIONS 607,1501 & 60	7.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	2014); ;
	3225 N, 50t S	7.	Tame, FL 33619	01 NAF 110	S S
	(Principal office	add:	ress) Grownsburg IN 46112 ress)	0	,
	P.O. Box 1/67		from shury IN 9611L		
	(Current maining	aoo	ress)	<u> </u>	
	employment serv	ice	(Staffing company)	կ։ 22 _))
(Purpose(s)	of corporation authorized in home state o	г со	untry to be carried out in state of Florida)		
Name and stree	t address of Florida registered agent: ((P.C	D. Box NOT acceptable)		
Name:	NRAI Services, Inc.				
fice Address:	1200 South Pine Island Road				
	Plantation		, Florida		
	(City)		(Zip code)		

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.

> NRAI Services, Inc. (Registered agent's signature) methoda Pierce, Assistant Secretary

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:	F. H. S. F.
A. DIRECTORS	SECRETARY OF STAIL DIVISION OF DORPORATES
Chairman: Shave Headlu	
Address: 2911 W. Washington St	
Tul Tul 1/1777	
Vice Chairman:	
Address:	
Director: Dir. of Ofhichins Brad Raiford	
Address: 2911 w. Wahlershow JL	
Address: Director: Dir. of Ophihims Brad Raiford 2911 W. Wahimhar JL Indly In 46222	
Director:	
Address:	
B. OFFICERS	
Address: 2911 W. Walhinston St.	
11 11 Tal 1/1.777	
Vice President:	
Address:	
Secretary: Share Headle	
Address: 29/1 W. Washinghar St. Indpl. In 4622	22
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 The officer or director signing this document (and who is listed in number 12 are true and that he or she is aware that false information submitted in a docu a third degree felony as provided for in s.817.155, F.S.	
14. Shave Headlee	
(Typed or printed name and capacity of person significant	ng application)

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

SECRETARY OF STATE DIVISION OF CORPORATION

2014 JAN 10 PM 4: 22

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

ON DEMAND STAFFING, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on February 27, 2001, and was in existence or authorized to transact business in the State of Indiana on January 08, 2014.

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 Eighth Day of January, 2014.

Corrie Lawson

Connie Lawson, Secretary of State

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