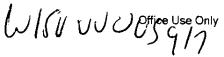
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(Red	uestor's Name)	
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(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	



APR 0 1 2015 T. SCOTT



900268406209

01/20/15--01024--001 **70.00

03/31/15--01026--002 **1250.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2015

B 2 B STAFFING SERVICES INC 10073 VALLEY VIEW ST, #280 CYPRESS, CA 90630

SUBJECT: B 2 B STAFFING SERVICES INC

Ref. Number: W15000005917

We have received your document for B 2 B 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):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$\$1,250.

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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 415A00001644

COVER LETTER

TO: New Filing S Division of C				
SUBJECT:			SERVILES INC	
Dear Sir or Madam:				
The enclosed "Appli "Certificate of Existe above referenced for	nce," or "Ce	rtificate of Good	for Authorization to Transa Standing" and check are suitsiness in Florida.	act Business in Florida," bmitted to register the
Please return all corr	espondence c	oncerning this m	atter to the following:	
BRU	E UND	ERWOOD		
		Name	e of Person	
BZB	STAF	FING 52R	VILES INC	
		Firm/	Company	
1007	3 VAL	LEY VIEW	ST. # 280	
		Α	ddress	
CYPI	RESS,	CA '	90630	
		City/Sta	ite and Zip code	
br	ادو ه	b2bstat	ffing services, sed for future annual report	COM
	E-mail	address: (to be us	sed for future annual report	notification)
For further information	on concerning	g this matter, plea	ase call:	
BRUCE UNG Name of Per	SEE Waa son	0 at (<u>71</u> A	<u> </u>	y × 11 ⊘ none 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 f	or the followi	ing amount:		
		5 Filing Fee & ficate 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 "INCOF "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	RPORATED," "CO.	MPANY," "CORPORATIO	N,"	
			•	•
(If name unavailable in Florida, enter alternate cor	rporate name adopte	d for the purpose of transacti	ng business	in Florida)
CALIFORNIA	3	20-440403	_	
(State or country under the law of which it is inco	orporated)	· (FEI number, if a		
2/28/06	5	PERPETUAL		
(Date of incorporation)	(Dura	ation: Year corp. will cease to		erpetual")
OCT , 2013			,	
(SEE SECTIONS 607.1	1501 & 607.1502. F.	da. if prior to registration) S., to determine penalty liabil . CA: 90630	ity)	
(SEE SECTIONS 607.1	2 Y P R E 55 pal office address)	S., to determine penalty liabil	<u></u>	90(20
(SEE SECTIONS 607.1 10332 HIALEAN DR. (Princip	501 & 607.1502. F. CYPRESS pal office address) EW ST: #	S., to determine penalty liabil	<u></u>	90630
(SEE SECTIONS 607.1 10332 HIALEAN DR. (Princip	2 Y P R E 55 pal office address)	S., to determine penalty liabil	<u></u>	· U1
(SEE SECTIONS 607.1 10332 HIALEAN DR. (Princip 10073 VALLEY ULE (Curren	EW ST. # nt mailing address)	S., to determine penalty liability of the second se	<u></u>	90630 55
(SEE SECTIONS 607.1 10332 HIRLERY DR. (Princip (O073 URLLEY ULE (Curren Name and street address of Florida registered	CYPRESS pal office address) EW ST. # It mailing address) d agent: (P.O. Box	S., to determine penalty liability of the Pob 30 280 CYPRESS	<u></u>	51 AR AR မ
(SEE SECTIONS 607.1 10332 HIALEAN DR. (Princip 10073 VALLEY ULE (Curren	CYPRESS pal office address) EW ST. # It mailing address) d agent: (P.O. Box	S., to determine penalty liability of the Pob 30 280 CYPRESS	<u></u>	55 56 30 67 67
(SEE SECTIONS 607.1 10332 HIRLERY DR. (Princip (O073 URLLEY ULE (Curren Name and street address of Florida registered	CYPRESS pal office address) EW ST. # nt mailing address) d agent: (P.O. Box	S., to determine penalty liability of the Pob 30 280 CYPRESS	<u></u>	5 MAR 3 PM 2:
(SEE SECTIONS 607.1 10332 HIRLEAN DR. (Princip 10073 UALLEY ULE (Curren Name and street address of Florida registered Name: Business Fi	CYPRESS pal office address) EW ST. # It mailing address) d agent: (P.O. Box	S., to determine penalty liability of the Pob 30 280 CYPRESS	<u></u>	55 56 30 67 67

9. 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.

Many J. Spalman Asst. Secretary
(Registere) agent signature)

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: PRUCE UNDERWOOD Address: 10232 HIALEAH DR. CYPRESS, CA 90630 Vice Chairman: BRIAN WIGDOR Address: 2576 DEMETER WAY MISSION VIETO, CA 92691 Director: BRIAN DEMED Address: 1 ORCHARD ST. #210 LAXE FOREST, CA 92630 Director: Address: **B. OFFICERS** President: BRIAN WISPOR Address: 25761 DEMETER WAY MISSION VIEJO, CA 92691 Vice President: BRUCE UNDERWOOD Address: 10232 HIALEAH OR. CYPRESS, CA 90630 Secretary: BRUCE UNDERWOOD Address: 10232 HIALEAH DR. CYPRESS, CA 90630 Treasurer: BRUCE UNDERWOOD Address: 10232 HTALEAH DR. CYPRESS, CA 90630 NOTE: If necessary, you may anoth an addendum to the application listing additional officers and/or directors.

12. 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. 13. BRULE UNDERWOOD, VP

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

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

B2B STAFFING SERVICES, INC.

FILE NUMBER:

C2868206

FORMATION DATE:

02/28/2006

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 12, 2014.

DEBRA BOWEN
Secretary of State