

F160000003365

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000181588 3)))



H160001815883ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Staffing Services Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

AUG 01 2016

Y SULKER

FILED
16 JUL 27 AM 10:35
TALLAHASSEE, FLORIDA

Please keep original file date
Thank you!

Electronic Filing Menu

Corporate Filing Menu

Help

07/29/2016 13:46 5612968430

PAGE 02/05

850-617-6381

7/29/2016 12:42:17 PM PAGE 1/001 Fax Server



July 29, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

CORPORATE CREATIONS INTERNATIONAL INC

SUBJECT: STAFFING SERVICES INC.
REF: W16000052803

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

According to section 605.0902, Florida Statutes, the application for Certificate of Authority must be made on the forms prescribed and furnished by the Department of State. Therefore, your application is being returned and the correct form is enclosed.

Please return 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) 245-6051.

Stacey M Warren
Regulatory Specialist II

FAX Aud. #: H16000181588
Letter Number: 316A00015962

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. Staffing Services Inc.
 (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)

2. Indiana 3. 61-1768388
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 20th, 2015 5. perpetual
 (Date of incorporation) (Date of duration, if other than perpetual)

6. _____
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 300 N. Wayne St., Angola, IN 46703
 (Principal office address)

300 N. Wayne St., Angola, IN 46703
 (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Todd Saylor
10204 46th Ave W
 Office Address: Bradenton, Florida 34210
 (City) (Zip code)

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.


 Colleen Ward, Attorney-in-Fact
 (Registered agent's 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.

FILED
 16 JUL 27 AM 10:35
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Courtnee Saylor

Address: 300 N. Wayne St., Angola, IN 46703

Vice Chairman: Todd Saylor

Address: 300 N. Wayne St., Angola, IN 46703

Director:

Address:

Director:

Address:

B. OFFICERS

President: Courtnee Saylor

Address: 300 N. Wayne St., Angola, IN 46703

Vice President: Todd Saylor

Address: 300 N. Wayne St., Angola, IN 46703

Secretary:

Address:

Treasurer:

Address:

NOTE: If necessary, you may attach 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 11 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. Courtnee Saylor, President, by: Colleen Ward, Attorney-in-Fact

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

18 JUL 27 AM 10:35
CLERK OF STATE
FLORIDA
FILED

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

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 the proper official to execute this certificate.

I further certify that records of this office disclose that

STAFFING SERVICES INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on August 20, 2015, and was in existence or authorized to transact business in the State of Indiana on July 28, 2016.

I further certify this Domestic For-Profit 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 caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, July 28, 2016

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2015082000469 / 201670539

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>