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4/17/19 05

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	: I2000000	195		
	REFERENCE	: 726586	4304417		
	AUTHORIZATION	Louis & of a	man		
	COST LIMIT	: (\$ 70.00			
	April 15, 2019			2019 /	
ORDER TIME :	9:46 AM				7
ORDER NO. :	726586-005			ARR 16	E
CUSTOMER NO:	4304417			E. D	てここと
		- -		P 5 29	
	FOREIGN F	<u>ILINGS</u>		29 (10.4	
NAME :	RON'S TEMPORAL	RY HELP SERVI	CES,		
XXXX QUALIFIC	CATION (TYPE: <u>C</u>	<u>o</u>)			
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FIL	ING:		
XX PLAIN	FIED COPY STAMPED COPY FICATE OF GOOD STA	ANDING			

EXAMINER: _____

CONTACT PERSON: Lydia Cohen -- EXT# 62974

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 co	y Help Services, Inc. orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION	<u>,,,, </u>
Illinois	ible in Florida, enter alternate corporate name add	opted for the purpose of transactin	g business in Florida)
2. (State or country 07/19/1989	y under the law of which it is incorporated)	(FEI number, if ap	•
	of incorporation) 5.	(Date of duration, if other	than perpetual)
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 d, Suite 103, Northbrook, Illinois 60062		ty)
·	(Principal	office address)	2019 1ALL
8. Name and stree	(Current mailing et address of Florida registered agent: (P.O.	address, if different) Box NOT acceptable)	AHASSELF
Name:	Corporation Service Company 1201 Hays Street	_ _	5 5 2 FLORIF
Office Address:	Tallahassee	— 32301 , Florida	۾ آھي
	(City)	(Zip code)	
designated in this further agree to c	ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel familiar with and acgept the obligations of r	nt as registered agent and agr ative to the proper and comple	ee to act in this capacity te performance of my
_	Corporation Service Company	Lydia Cohen Asst. Vice President	
<u></u>	(Registered age	ent'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.

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

Ronald C. Michelon		
2800 Island Blvd., Floor 17, Room 1705 Aventura, FL 33160		
Richard Michelon		
666 Dundee Road, Suite 103, Northbrook, Illinois 60062		
	- 10 -	
TICERS		
Ronald C. Michelon		
2800 Island Blvd., Floor 17, Room 1705 Aventura, FL 33160		
	<u> </u>	2019
	<u>></u>	
sident:	<u> </u>	<i>\$</i>
	144 - 4	
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Richard Michelon		- کن
' <u> </u>	<u></u>	
666 Dundee Road, Suite 103, Northbrook, Illinois 60062		
n		
		<u> </u>
If neepssary, you may attach an addendum to the application listing add	litional officers and/or d	irectors.
MilesMirch		
Signature of Director or Officer		
cer or director signing this document (and who is listed in number 11 abo		
and that he or she is aware that false information submitted in a docume legree felony as provided for in s.817.155, F.S.	nt to the Department of	State cons
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File Number

5560-071-6



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of

Business Services. I certify that

RON'S TEMPORARY HELP SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 19, 1989, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT -OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH 2019

day of A.D. APRIL

Authentication #: 1910502766 verifiable until 04/15/2020 Authenticate at: http://www.cyberdriveillinois.com

esse White

SECRETARY OF STATE