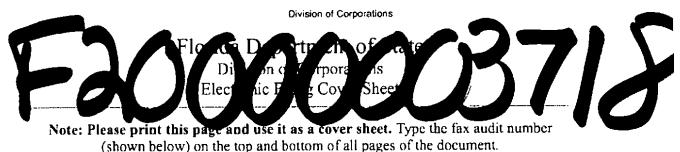
8/25/2020



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

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

Total Staffing Solutions, Inc.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 03 |
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SPECTION 607-1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| | corporation; must include "INCORPORATED," Corp.," "Inc.," "Co.," or "Corp.") | "COMPANY," "CORPORATIO | Ν," | |
|--|--|--|--|--------|
| (If thome univa | ilable in Florida, enter alternate corporate name a | dopted for the purpose of transacting | ng business in Florida) | |
| 2. IL | 3 | 364149603 | | |
| | try under the law of which it is incorporated) March 1997 5. te of incorporation) | | | |
| (E)a 6. | te of incorporation) | (Date of duration, if other | than perpetual) | |
| 4S100 RTE 59, | (Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 STE 17, NAPERVILLE, Illinois, 60563, US | | iity) | |
| PO Box 5665, | (Princip Nuperville, IL ,60567, US | al office address) | | |
| | | g address, if different) | 2020 A | owep ? |
| Name and <u>str</u> Name: | ect address of Florida registered agent: (P.C C T Corporation System |), tsox <u>NOT</u> acceptable) | ## 25 ## 25 | |
| Office Address: | 1200 South Pine Island Road | | m | |
| | Plantation, | , Florida | र्वे स् | ** |
| | (City) | (Zip code) | 100 (100 (100 (100 (100 (100 (100 (100 | |
| | | | | |
| Having been na designated in th further agree to | gent's acceptance: med as registered agent and to accept servi is application, I hereby accept the appointn comply with the provisions of all statutes r familiar with and accept the obligations of | nent as registered agent and ag clative to the proper and compl | ree to act in this capaci ete performance of my | |
| Having been na designated in th further agree to duties, and I am | med as registered agent and to accept servi is application, I hereby accept the appointn comply with the provisions of all statutes r | nent as registered agent and ag clative to the proper and compl f my position as registered agen | ree to act in this capaci ete performance of my | |

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.

To: Page 4 of 5

| 11. Names and business addresses of officers and/or directors: |
|---|
| A. DIRECTORS |
| Chairman: |
| Address: |
| |
| Vice Chairman: |
| Address: |
| |
| Vincent Gallelli Director. |
| 4S100 RTE 59, STE 17, NAPERVILLE, Illinois, 60563, US Address: |
| |
| John Falvey Director: |
| 4S100 RTE 59, STE 17, NAPERVILLE, Illinois, 60563, US Address: |
| |
| B. OFFICERS |
| Joseph Gallelli President: |
| 4S100 RTE 59, STE 17, NAPERVILLE, Illinois, 60563, US Address: |
| |
| John Falvey Vice President: |
| 4S100 RTE 59, STE 17, NAPERVILLE, litinois, 60563, US Address: |
| |
| Vincent Gallelli Secretary |
| 48100 RTE 59, STE 17, NAPERVILLE, Illinois, 60563, US Address: |
| Treasurer: |
| Address: |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| 12: 17 necessary, You may attach air automation to the application tisting additional officers and of directors. |
| 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. Joseph Gallelli President |
| (Typed or printed name and capacity of person signing application) |

File Number

5931-197-2



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

TOTAL STAFFING SOLUTIONS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 27, 1997, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE. 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 9TH day of A.D.2020JULY

Authentication # 2019101542 verifiable until 07/09/2021

Authenticate at: http://www.cyberdriveillinois.com