3300 Address

(904) 224-1010 Tallahassee, FL 32303 City/State/Zip Phone #

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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. <u>Wor</u>	(Corporation Name)	www.tiono	cument #)		
2	(Corporation Name)		(Document #)		SEVISION
3	(Corporation Name)	(Do	cument #)	- 28 PH	05 <u>- 1</u> KO 48 KE 14 KE 16 KE
4	(Corporation Name)	(Do	cument #)	PH 2: 08	ED OF STATE OF STATE
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NEWFILING		NDMENTS (95 JUH 29 PH 1: 03 VISION OF CORPORATION	RECEIVED
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NonProfit Limited Liability		ation of R.A., Officer/ Direct of Registered Agent	tor	PH 1: 03	
Domestication		ntion/Withdrawal		03 Tiou	ابيدة
Other	Merger				* <u>.</u>
OTHER FILL Annual Report Fictitious Name	SECURITY TO SECURITY	GISTRATION/ ALIFICATION			

Limited Partnership

Reinstatement Trademark Other

Examiner's Initials

Name Reservation

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:

2.	DELAWARE State or country under the law of which it is incorporated) (FEI number. If applicable		
	6/17/96 5. PERPET (Date of Incorporation) (Duration: Yes			
	UPON QUALIFICATION (Date first transacted business in Florida. (See sections 607.1501, 607.16	502, and 817,155, F.S.)	95 June 28 PH	DIVISION CF
3.	(Current mailing address) professional employment organizatio (Purpose(s) of corporation authorized in home state or country	n to be carried out in the s	N	OF STATE
	Name and street address of Florida registered as Name:EDWIN F. BLANTON, ESQ. Office Address:825 THOMASVILLE ROAD	gent:	•	S
	TALLAHASSEE		32303 (Zip Code)	

10. Registered agent's acceptance:

LANGE THROUGHTANG THE

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.

(Registered agent's signature)

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 addresses of officers and/of directors:

A.	DIRECTORS		
	Chairman:R	DBERT F. CERINO	
	Address: _V	ILLAGE 17, SUITE 1, 1200 S. CHURCH ST.	
		T. LAUREL, NJ 08054	
	Vice Chairma	n:	
	Address:		
	Director		
	Address:		
	Director:		
	Address:		
В.	OFFICERS		•
		ROBERT F. CERINO	
		VILLAGE 11, SUITE 1, 1200 S. CHURCH ST.	•
		MT. LAUREL, NJ 08054	
	Vice Preside	ont:	
	Address:		. '
	-		•
		ROBERT F. CERINO	
	Address: _	VILLAGE II, SUITE I, 12000S. CHURCH ST.	
	•	MT. LAUREL, NJ 08054	
	Treasurer:	ROBERT F. CERINO	
	Address: .	VILLAGE 11, SUITE 1, 1200 S. CHURCH ST.	Vieto e e e e e e e e e e e e e e e e e e
	•	MT. LAUREL, NJ 08054	
NOT	TE: If necessary, you m	ay attach an addendum to the application listing add	itional officers
and	/or directors.		
13.	flet of Con	Chairman, or any officer listed in number 12 of the application)	
	(Signature of Chairman, Vice	Chairman, or any cincol asses at humber 12 0. 2.2 Spineagon)	
14.	Robert F	and capacity of person signing application)	
	(1) had at himma implied	The second of th	

State of Delaware Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WORKFORCE INNOVATIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JUNE, A.D. 1996.

AND T DO HEREBY FURTHER CERTIFY THAT THE SAID "WORKFORCE INNOVATIONS, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF JUNE, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE:



AUTHENTICATION:

7996256

06-20-96

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