

# F96000004736

## LABOR CONNECTION

Serving Your Labor Needs

LABOR ON DEMAND

P.O. Box 611268, San Jose, CA 95161-1268

NOTE:

Office Use Only

DOCUMENT NUMBER(S), (if known):

(Document #)

(Document #)

(Corporation Name)

(Document #)

4. Labor Connection, Inc.  
(Corporation Name)

(Document #)

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

SECRET  
TALLAHASSEE  
FLORIDA

96 SEP 16 AM 10:55

FILED

20/16



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

August 1, 1996

LABOR CONNECTION  
1100 N 50TH ST BLDG 3 UNIT J  
TAMPA, FL 33619

SUBJECT: LABOR CONNECTION, INC.  
Ref. Number: W96000016062

We have received your document for LABOR CONNECTION, 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):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

The corporate suffix must be added to the corporate name throughout the application.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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 (904) 487-6094.

Doug Dickinson

Document Specialist

Letter Number: 296A00036820



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

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96 SEP 16 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned Steve Zehring, Jr., do hereby certify  
that this Resolution of the Board of Directors of Labor Connection  
of Texas Inc.,  
a corporation duly organized and existing under the laws of the State of Texas,  
was duly adopted on April 17, 1995.

Resolved, that Labor Connection, organized  
and existing in the State of Texas, hereby adopts the  
name Labor Connection of Texas Inc.  
for use in Florida.

Dated: 6/28/96

Steve Zehring  
Signature of at least one director

INHS19(3/95)

**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. Labor Connection, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Texas 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 17, 1995 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 7/8/96  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 1521 Terminal Ave.  
San Jose, CA 95112  
(Current mailing address)

8. Temporary Agency  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: David Fritz

Office Address: 1100 N. 50th St. Building 3, unit J  
Tampa, Florida, 33619  
(Zip Code)

**10. Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above named corporation at the place designated in this application, I hereby accept the position of registered agent and agree to act in this capacity. I further agree to comply with all statutes relative to the proper and complete performance of my duties, and accept the obligations of my position as registered agent.

X [Signature]  
(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/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

**A. DIRECTORS** (Street address only- P. O. Box **NOT** acceptable)

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS** (Street address only- P. O. Box **NOT** acceptable)

President: Richard Duquette

Address: 5032 Durban Ct.

San Jose, Ca 95138

Vice President: Steve Zehring Jr.

Address: 4472 Partridge Ct.

San Jose, Ca. 95121

Secretary: Steve Zehring Jr.

Address: 4472 Partridge Ct.

San Jose, Ca 95121

Treasurer: Steve Zehring Sr.

Address: 1728 Peregrino

San Jose, Ca. 95125

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. x Steve Zehring Jr. V.P.  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Steve Zehring, Jr.  
(Typed or printed name and capacity of person signing application)

56 SEP 16 AM 10:55  
SECRET  
FEDERAL BUREAU OF INVESTIGATION  
ALBANY, NEW YORK

FILED



# The State of Texas

## SECRETARY OF STATE

IT IS HEREBY CERTIFIED, that  
Articles of Incorporation  
of

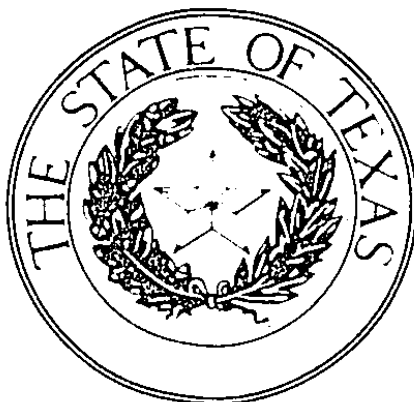
**LABOR CONNECTION, INC.**  
**CHARTER NO. 1351678**

were filed in this office and a certificate of incorporation was issued on

**APRIL 17, 1995;**

IT IS FURTHER CERTIFIED, that no certificate of dissolution has been issued, and  
that the corporation is still in existence.

FILED  
56 SEP 16 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*IN TESTIMONY WHEREOF, I have hereunto  
signed my name officially and caused to be  
impressed hereon the Seal of State at my office in  
the City of Austin, on August 8, 1996.*

*Antonio O. Garza, Jr.*  
Secretary of State

BAM

Document Number Only

F96000004736

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

CORPORATION(S) NAME

200002189712--1  
-05/07/97--01079--008  
\*\*\*\*\*95.00 \*\*\*\*\*35.00

Labor Connection, Inc.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Profit                        | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                    |
| <input type="checkbox"/> NonProfit                     |   |  |
| <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                      |
| <input type="checkbox"/> Foreign                       |   |  |
| <input type="checkbox"/> Limited Partnership           | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Reinstatement                 | <input type="checkbox"/> Reservation            | <input checked="" type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Liability Partnership |   | <input type="checkbox"/> Fictitious Name           |
| <input type="checkbox"/> Certified Copy                | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> CUS                       |
| <input type="checkbox"/> Call When Ready               | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30                |
| <input checked="" type="checkbox"/> Walk In            | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up        |
| <input type="checkbox"/> Mail Out                      |   |  |

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CR2E031 (1-89)

PLEASE RETURN EXTRA COPY(S)  
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RECEIVED  
97 MAY -7 AM 11:31  
DIVISION OF CORPORATION

5/7/97  
Added  
d/b/a  
per  
Joey

SLN  
Jon  
R.A.  
Change



Florida Department of State, Jim Smith, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1808, Florida Statutes, the undersigned corporation organized under the laws of the State of Texas submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Labor Connection, Inc. d/b/a Labor Connection of Texas Inc.

1b. Date of incorporation April 17, 1995 Document number 1351578

2. The name and address of the current registered agent and office:

David Fritz, 1100 N. 50th St., Building 3, Unit J

Tampa, FL 33619

3. The name and address of the new registered agent and office:  
(P.O. Box Not Acceptable)

C T CORPORATION SYSTEM

c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

04/21/95  
SIGNATURE  
DATE

Steven W. Zehring, Jr., Vice President  
Typed or printed name and title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE BY: Naseem A. Cond...

(Registered Agent)

DATE 5-3-95

NASEEM A. COND...  
SPECIAL ASST. SECRETARY

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91)

(FLA. - 2194 - 3/4/92)

FILING FEE: \$35.00