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•	ication/Tax Lien Section on of Corporations					
SUBJECT:	Advantage	Staffing (Name of corpo	# Benefits, pration - must inclu	エ _{ハC.} ide suffix)		·
Dear Sir or Ma			e di di akan da Ta	,	*****78.	01172008 75 *****78.75
"Certificate of transact busine	'Application by Foreign 'Existence", and check a ess in Florida.	Corporation for A	Authorization to 11 egister the above re	ansact Bus ferenced fo	oreign corpo	ration to
Please return a	ill correspondence conce	ming this matter	to the following:			
	Kevin J	Vorser	President			
		(Name of	President Person)			
	ADVANTAGE	Staffing	& Benefits,	Inc		
		, North	S+,			SEGRE DIVISION 97 DEC
		(Addr	ess)			
	Liverpool,	NY	13088			- 3 5
	<u> </u>	(City/Sta	te/Zip)			AM 9:
Should you ne	ed to call someone conce	erning this matter	r, please call:			STATE TE
Kevin	Kersey	at (315	, 461-900	00 :		12/2
(Nam	ne of Person)		Code & Daytime		Number)	- 12

COURIER ADDRESS:

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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. ADVANTAGE Staffing & Benefits, 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.) (State or country under the law of which it is incorporated)

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual")

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 904 7th North Street

Liverpool, NY 13088

(Current mailing address) Employee Staffing Service
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Mr. Kenneth J. Morrison Office Address: NEC BCS (East), Inc. 6531 Park of Commerce Blyd. , FigridaxxxxxxxxxxxXXX Suite C160 (Zip code)
Boca Raton, FL 33487 10. 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. (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) Kevin J. Kersey Director: Lydia Zownivento Address: 4961 Cornish Heights Pwy Syracuse NY 13215 Director: B. OFFICERS (Street address only - P.O. Box NOT acceptable) Address: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) President

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

State of New York Department of State

I hereby certify, that the certificate of incorporation of ADVANTAGE STAFFING & BENEFITS, INC. was filed on 06/08/1994, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation. I further certify the following:

A Biennial Statement was filed 07/22/1996.

I further certify, that no other certificates have been filed by such corporation.

Witness my hand and the official seal of the Department of State at the City

OF N of Albany, this 19th day of November one thousand nine hundred and

ninety-seden

Special Deputy Secretary of State

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