F9900005157

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

300003004833--6 -10/04/99--01136--004 *****70.00 ******70.00

SUBJECT: 9008 GROUP, INCORPORATED (Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MARY KAY SEVENS
(Name of Person)

9008 GIZOUD INCOIZEORATED

(Firm/Company)

P.D. Box 29048
(Address)

GLENDALE A 91209-9048
(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

Mary Kay Sevens at (8/8) 240 - 8688.

(Name of Person) Area Code & Daytime Telephone Number

99 OCT -4 PH 2: (
SECRETARY OF STATE
TALLAHASSEE FI SON)

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

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

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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. 9008 Green in Core 1000 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. <u>CAUFORNIA</u> (State or country under the law of which it is incorporated) -3. <u>95-3278704</u> (FEI number, if applicable)
4. 8/15/78 5. PERPETUAL (Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Expected Movemiseld 1999 (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
7. P.O. Box 29048
GLENDALE CA 91209-9048 (Current mailing address)
8. Semportain And Luctime Employment Services (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: Doug Pacmer
Name: Doug Parmer Office Address: 277 Doug Las Avanue Sing Parmer ALLAMONIE Springs, Florida, 327 F. D. (Zip Code) RALLA Sing Parmer (Zip Code) RALLA Si
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)					
Chairman: Janice B. Howkoys					
Address: 5334 JORRANCE BL, JORRANCE, CA 90503					
Vice Chairman: CARLION BRYANT					
Address: 6334 TORRANCE BL, TORRANCE, L'A 90503					
Director: PATRICIA BIRYANT					
Address: 5334 TORRANCE BL, TORRANCE, LA 90503					
Director: LINA Dicyani					
Address: 5334 IORIZANCE BL, LORRANCE, CA 90503					
B. OFFICERS (Street address only- P. O. Box NOT acceptable)					
President: Janice B. Howkoup					
Address: 5334 TORRANCE BL, TORRANCE (A 90503					
Vice President: CARLION BRYANT					
Address: 5334 TORRANCE BL, 1022 ANCE, (A 90503					
Secretary: Lina Bizyani					
Address: 5334 TORRANCE BL, VORRANCE, LA 40503					
Treasurer: CARCION BIRYANI					
Address: 5334 YORRANCEBL, YORRANCE, CAPADEOS					
NOTE: If necessary, you may attach an addendum to the application listing additional					
officers and/or directors.					
13 x Janue Frant solon Juyel					
Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)					
(Typed or printed name and capacity of person signing application)					



CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES,	Secretary of State of the State	e of California, hereby certify:	
	15th	August	78
That on the _	day of		,19
	9008 GROUP,	INCORPORATED	·

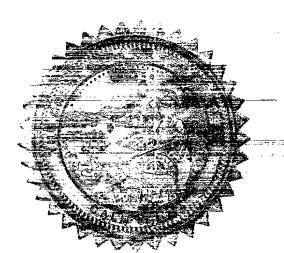
became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 8, 1999

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Secretary of State