

DATE: 07/02/2008 DOCUMENT ID 200818302460

DESCRIPTION

FOREIGN LICENSE/FOR-PROFIT (FLF)

125.00

**PENALTY** .00 CERT

.00

#### Receipt

This is not a bill. Please do not remit payment.

**GUDORF LAW OFFICES, LLC 8141 N MAIN ST** DAYTON, OH 45415

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1790797

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

### FIRST DIVERSITY STAFFING GROUP, INC.

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

#### FOREIGN LICENSE/FOR-PROFIT

200818302460

Authorization to transact business in Ohio is hereby given, until surrender, expiration or cancellation of this license.

United States of America State of Ohio Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 30th day of June, A.D. 2008.

Ohio Secretary of State

Junifer Br

# Delaware

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "FIRST DIVERSITY STAFFING GROUP, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTIETH DAY OF SEPTEMBER, A.D. 2002, AT 9 O'CLOCK A.M.

CERTIFICATE OF RENEWAL, FILED THE THIRD DAY OF JANUARY, A.D. 2007, AT 11:42 O'CLOCK A.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWENTY-NINTH DAY OF APRIL, A.D. 2008, AT 8 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "FIRST DIVERSITY STAFFING GROUP, INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE

3571067 8310

080651327

You may verify this certificate online at corp. delaware.gov/authver.shtml

Varuet Smith Hundre Harriet Smith Windsor, Secretary of State

DATE: 06-02-08

**AUTHENTICATION: 6629882** 



## Prescribed by :

The Ohio Secretary of State Central Ohio: (614) 466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us e-mail: busserv@sos.state.oh.us

	64) <b>5</b> H 1
<u>Mail Form to</u>	one of the Following:
Oyes	PO Box 1390
	Columbus, OH 43216
*** Reguli	es an additional fee of \$100 ***
	PO Box 670
<b>₩</b> o	CHIMDSELL AND

# FOREIGN CORPORATION APPLICATION FOR LICENSE OR REGISTRATION OF CORPORATION NAME

JUN 0 6 2008

(For Foreign Profit or Nonprofit)

**OHIO SECRETARY OF STATE** 

ES THE FOL	LOWING:		** C. B.
	-	•	2.1
	(2) Registration of Co	rporate Name by Unlicensed For	eign Corporation
	Original (158	-RCO)	
ORC 1703	Renewal (17	2-RNR (RCR)) ORC 1703	
			(Registration No.)
		Filing Fee \$50.00	
is section for t	he box checked abo	/e.	
First Dive	rsity Staffing Gro	oup, Inc.	
Delaware			2000 JUN 30
	(Home State)		
9/20/2002			
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NOTE: P.O. B	ox Addresses are NOT	acceptable.	Q
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_	(State)	(Zip Code)	_
e is not sufficie		as follows: (Please provide a	brief but specific
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ng business.			
ons are attac	hed		
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	Is section for the First Diver Delaware  9/20/2002 (Date cated at NOTE: P.O. Be a exercise in the is not sufficient grant grant sufficient grant gran	ORC 1703 Original (158- Renewal (17    Renewal (17   Renew	(2) Registration of Corporate Name by Unlicensed For   Original (158-RCO)   Renewal (172-RNR (RCR))   ORC 1703   Filing Fee \$50.00

Ted G. Gudorf    North Main Street Suite C	Complete the Information in this s			
Street   North Main Street Suite C   Street   NoTE: P.O. Box Addresses are NOT acceptable.	The corporation hereby appoints be served in Ohio	the following as its statutory agent upon v	whom process against the	ne corporation may
Street   North Main Street Suite C   Street   NoTE: P.O. Box Addresses are NOT acceptable.	Ted G. Gudorf			
Dayton   Ohio   Ciby   A5415   (Zip Code)	(Name)			
Dayton   Chio   City   City   Code			andahda	<del></del>
The entity above irrevocably consents to service of process on the agent listed above as long as the authority of the igent continues, and to service of process upon the OHIO SECRETARY OF STATE if:  A. the agent cannot be found or  B. the above listed falls to designate another agent when required to do so, or  C. the above stated registration to do business in Ohio expires or is cancelled  Complete the Information in this section if profit is checked in box (1).  The application is made to secure a permanent temporary license  The corporation's principal office within Ohio is to be located in Ohio  2440 E High Street  (Stree) NOTE: P.O. Box Addresses are NOT acceptable.  Springfield Clark Ohio 45505  (City) (County) (State) Pse Molyse, prior License No.  (Cale Corporation obtained a license to transact business in Ohio at any time in the past? Yes No issued  (Cale) (Cale)  The date on which the corporation began transacting business in Ohio  Date  Date  Will begin business upon approval of application  Is this application being made to enable the corporation to prosecute or defend a legal action? Yes No  Complete the Information In this section if non-profit is checked In box (1).  The location of its principal office in the state of Ohio is  (City) (County) (State) (Zip Code)	•	NOTE: P.O. Box Addresses are NOT acc		
The entity above irrevocably consents to service of process on the agent listed above as long as the authority of the gent continues, and to service of process upon the OHIO SECRETARY OF STATE if:  A. the agent cannot be found or B. the above listed fails to designate another agent when required to do so, or C. the above stated registration to do business in Ohio expires or is cancelled    Complete the Information in this section if profit is checked in box (1).				·
A, the agent cannot be found or B, the above listed falls to designate another agent when required to do so, or C, the above stated registration to do business in Ohio expires or is cancelled    Complete the Information In this section if profit is checked in box (1).		. ,		
B. the above listed fails to designate another agent when required to do so, of C. the above stated registration to do business in Ohio expires or is cancelled    Complete the Information in this section if profit is checked in box (1).	The entity above irrevocably cor agent continues, and to service	sents to service of process on the agent li of process upon the OHIO SECRETARY (	isted above as long as th DF STATE if:	ne authority of the
The corporation is made to secure a permanent   temporary license   The corporation's principal office within Ohio is to be located in   Corporation will not have an office in Ohio    2440 E High Street   NOTE: P.O. Box Addresses are NOT acceptable.    Springfield   Clark   Ohio   45505	B. the above listed fails	to designate another agent when requi	ired to do so, or s or is cancelled	·
The corporation's principal office within Ohio is to be located in	Complete the information in this s	section if profit is checked in box (1).		
2440 E High Street  (Street) NOTE: P.O. Box Addresses are NOT acceptable.  Springfield Clark Ohio (State) (Zip Code)  Has the corporation obtained a license to transact business in Ohio at any time in the past? Yes No issued  (Date)  The date on which the corporation began transacting business in Ohio  Date  Will begin business upon approval of application sthis application being made to enable the corporation to prosecute or defend a legal action? Yes No  Complete the information in this section if non-profit is checked in box (1).  The location of its principal office in the state of Ohio is  (Street) NOTE: P.O. Box Addresses are NOT acceptable.  Ohio  (Clty) (County) (State)	The application is made to secu	re a 🛮 permanent 🔲 temporar	y license	
2440 E High Street (Street) NOTE: P.O. Box Addresses are NOT acceptable.  Springfield Clark Ohio (State) (Zip Code)  Has the corporation obtained a license to transact business in Ohio at any time in the past? Yes No fyes, prior License No. (Date)  The date on which the corporation began transacting business in Ohio  Date  OR  Will begin business upon approval of application  Is this application being made to enable the corporation to prosecute or defend a legal action? Yes No  Complete the information in this section if non-profit is checked in box (1).  The location of its principal office in the state of Ohio is  (Street) NOTE: P.O. Box Addresses are NOT acceptable.  (City) (County) (State) (Zip Code)		within Ohio is to be located in		not have an office
Springfield  Clark  (City)  (County)  (State)  (State)  (Clip Code)  Has the corporation obtained a license to transact business in Ohio at any time in the past?  If yes, prior License No.  (Date)  The date on which the corporation began transacting business in Ohio  Date  DR  Will begin business upon approval of application  Is this application being made to enable the corporation to prosecute or defend a legal action?  Complete the information in this section if non-profit is checked in box (1).  The location of its principal office in the state of Ohio is  (Street)  NOTE: P.O. Box Addresses are NOT acceptable.  Ohio  (County)  (State)  (Zip Code)				
County   (County   (State)   (Zip Code)	(Street)	NOTE: P.O. Box Addresses are NOT acc	eptable.	
Has the corporation obtained a license to transact business in Ohio at any time in the past?  If yes, prior License No.  If yes,	Springfield	<u>Clark</u>	Ohio	45505
The date on which the corporation began transacting business in Ohio  □Date □DR ▼ Will begin business upon approval of application  s this application being made to enable the corporation to prosecute or defend a legal action?  □ Yes ▼ No  □ No  □ No  □ Yes ▼ No  □ No  □ No  □ No □ No □ No □ No □ N	(City)	(County)	(State)	(Zip Code)
The date on which the corporation began transacting business in Ohio  Date  OR  Will begin business upon approval of application  In this application being made to enable the corporation to prosecute or defend a legal action?  Complete the information in this section if non-profit is checked in box (1).  The location of its principal office in the state of Ohio is  (Street)  NOTE: P.O. Box Addresses are NOT acceptable.  Ohio  (County)  (State)  (Zip Code)	las the corporation obtained a l f yes, prior License No.	=	time in the past?	☐ Yes ☑ No
Date DR ✓Will begin business upon approval of application  s this application being made to enable the corporation to prosecute or defend a legal action?  Complete the information in this section if non-profit is checked in box (1).  The location of its principal office in the state of Ohio is  (Street)  NOTE: P.O. Box Addresses are NOT acceptable.  Ohio (City)  (County)  (State)  (Zip Code)			(Date)	<del></del>
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Somplete the information in this section if non-profit is checked in box (1).  The location of its principal office in the state of Ohio is    (Street)   NOTE: P.O. Box Addresses are NOT acceptable.	OR .		·	V.
Complete the information in this section if non-profit is checked in box (1).  The location of its principal office in the state of Ohio is  (Street) NOTE: P.O. Box Addresses are NOT acceptable.  Ohio (City) (County) (State) (Zip Code)	✓Will begin business upon app	proval of application		
The location of its principal office in the state of Ohio is    (Street)   NOTE: P.O. Box Addresses are NOT acceptable.   Ohio	s this application being made to	enable the corporation to prosecute or de	efend a legal action?	☐ Yes 🗹 No
(Street) NOTE: P.O. Box Addresses are NOT acceptable.  Ohio (City) (County) (State) (Zip Code)	complete the information in this s	section if non-profit is checked in box (1).		
(City) (County) (State) (Zip Code)	he location of its principal office	e in the state of Ohio is		
(City) (County) (State) (Zip Code)	(Street)	NOTE: P.O. Box Addresses are NOT acc	ceptable.	<u> </u>
(City) (County) (State) (Zip Code)			Ohio	
(Pursuant to ORC 1703.27 must have an Ohio address)	(City)	(County)		(Zip Code)
O MINISTER IN STRUCTURE OF THE STRUCTURE	(Pursuant to ORC 1703 1	77 must have an Ohio address.		

SS:
IN WITNESS WHEREOF, the corporation has caused this application to be executed by an authorized
officer on 6/3/08
STATE OF
COUNTY OF MON'S OMERY
Misuel Ten , being first duly sworn, deposes and says that he/she is the
Prosident of First Diversity Staffing Group, Inc.
(title) the corporation described in the foregoing application, and that the statements contained in said application are true and correct to the best of my knowledge and belief.
Signature:
Name: Misuel Ten
Sworn to before me and subscribed in my presence,  (date)
Sworn to before me and subscribed in my presence,  6-3-2008  (date)
NOTARY SEAL Expiration date of Notary's Commission:  (date)
AT PUBLIC

THEODORE G. GUDORF, Attorney at Law Notary Public, State of Ohio My Commission has no expiration date. Section 147.03 D. R. C.

# Delaware

DACE 2

The First State

BEEN FILED TO DATE.

3571067 8310

080651327

You may verify this certificate online at corp.delaware.gov/authver.shtml

Varriet Smith Windson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6629882

DATE: 06-02-08