DOC ID ----> 200619802204

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/18/2006	200619802204	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	.00	.00	.00	.00

Receipt

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

XL STAFFING INC.
175 PUNTA ALLEY
COLUMBUS, OH 43201-3591

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, J. Kenneth Blackwell

1635556

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

WORKLINE SOLUTIONS INC.

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

Document(s)
DOMESTIC ARTICLES/FOR PROFIT

Document No(s):
200619802204

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 14th day of July, A.D. 2006.

J. Kenneth Blackwell

Ohio Secretary of State

DOC ID ----> 200619802204

Prescribed by **J. Kenneth Blackwell**
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

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

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
○ Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of $100 ***
◉ No	PO Box 670 Columbus, OH 43216

INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Non-Profit)
Filing Fee $125.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) ☑ Articles of Incorporation Profit (113-ARF) ORC 1701	(2) ☐ Articles of Incorporation Non-Profit (114-ARN) ORC 1702	(3) ☐ Articles of Incorporation Professional (170-ARP) Profession _____ ORC 1785

Complete the general information in this section for the box checked above.

FIRST: Name of Corporation Workline Solutions INC.

SECOND: Location Columbus *(City)* Franklin *(County)*

Effective Date **(Optional)** _____ *(mm/dd/yyyy)* ***Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.***

☐ ***Check here if additional provisions are attached***

Complete the information in this section if box (2) or (3) is checked. Completing this section is optional if box (1) is checked.

THIRD: Purpose for which corporation is formed

To provide staffing/temporary workers for companies with a manufacturing/production capacity.

Complete the information in this section if box (1) or (3) is checked.

FOURTH: The number of shares which the corporation is authorized to have outstanding (Please state if shares are common or preferred and their par value if any) 800 *(No of Shares)* none *(Type)* 0 *(Par Value)*

(Refer to instructions if needed)

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Completing the information in this section is optional

FIFTH: The following are the names and addresses of the individuals who are to serve as initial Directors.

D. Matthew White
(Name)
175 Punta Alley
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Columbus | Ohio | 43201
(City) | *(State)* | *(Zip Code)*

Christopher P. Phommasathit
(Name)
175 Punta Alley
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Columbus | Ohio | 43201
(City) | *(State)* | *(Zip Code)*

(Name)

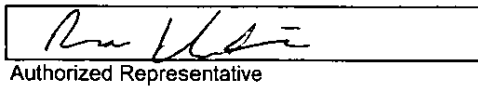
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

(City) | *(State)* | *(Zip Code)*

REQUIRED
Must be authenticated **(signed)** by an authorized representative
(See Instructions)


Authorized Representative
Christopher Phommasathit
(print name)

6-23-06
Date


Authorized Representative
D. Matthew White
(print name)

6-23-06
Date

Authorized Representative
(print name)

Date

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Complete the information in this section if box (1) (2) or (3) is checked.

ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of Workline Solutions Inc.
hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is

Christopher Phommasathit
(Name)
175 Punta Alley
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***
Columbus , **Ohio** 43201
(City) *(Zip Code)*

Must be authenticated by an authorized representative

Authorized Representative	Date 6-23-06
Authorized Representative	Date 6-23-06
Authorized Representative	Date

ACCEPTANCE OF APPOINTMENT

The Undersigned, Christopher Phommasathit, named herein as the
Statutory agent for, Workline Solutions Inc.
, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: _____
(Statutory Agent)