

F 99000006592

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Dependable Source Corporation
(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:

700003075837--2
-12/21/99--01011--005
*****78.75 *****78.75

William M. McGoe
(Name of Person)

Evans & Cles
(Firm/Company)

336 Lafayette St. #200
(Address)

New Orleans, LA 70130
(City/State/Zip)

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

William M. McGoe at (504) 523-8523
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

STREET 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

mtu
12/22

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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. Dependable Source Corporation
(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. Louisiana 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
- 4. June 13, 1994 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
- 6. May 20, 1999
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
- 7. 3229 36th Street, Metairie, Louisiana
(Current mailing address)

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8. Temporary Staffing and Truck Driver Staffing for all purposes allowed by law.
(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: C.T. Corporation System

Office Address: 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip code)

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.

See Attached Statement of Consent
(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: Debra Lpock

Address: 6 Lake Elizabeth Ct.
Harvey LA 70058

Vice Chairman: Wayne R. Wiggins Sr.

Address: 1617 Lake Maurepas
Harvey, LA 70058

Director: James A Harrell

Address: 137 Lakeview Drive
Canton, Mississippi - 39046

Director: Jack Tolley

Address: 2309 Ormond Blvd
Destrehan, LA 70047

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

President: Debra Lpock

Address: 6 Lake Elizabeth Ct
Harvey, LA 70058

Vice President: N/A

Address: _____

Secretary/Treasurer: Wayne R. Wiggins, Sr

Address: 1617 Lake Maurepas
Harvey, LA 70058

Treasurer: _____

Address: _____

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

13. Debra Lpock
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Chairman Debra Lpock
(Typed or printed name and capacity of person signing application)

STATEMENT OF CONSENT OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for Dependable Source Corporation at the place indicated on the state of Florida 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.

C T CORPORATION SYSTEM



Victor Alfano, Asst. Secy.

December 15, 1999

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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UNITED STATES OF AMERICA
State of Louisiana



Jox McKeithen

SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Incorporation of

DEPENDABLE SOURCE CORPORATION

Domiciled at METAIRIE, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on June 24, 1994,

I further certify that no Certificate of Dissolution has been issued.

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TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

October 13, 1999

Jox McKeithen

CLO
Secretary of State

