990000001/38

To:

Qualification/Tax Lien Section

Division of Corporations

SUBJECT: A.M.E. SERVICES, INC.

(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:

BURNI	ELL K. MOLIERE (N	ame of Person)	-03,	127898 /01/99010	021001
A.M.I	E. SERVICES, INC. (Fi	rm/Company)	***	***78.75 * 	****78.75
23 B	ARRECA STREET, P	O_BOX_397 (Address)		_	
_NORC	CO, LA 70079 (C	ity/State/Zip)		 .	· · ·
Should you need to call	someone concerning this	matter, please call:	1117 AH. 1	//	
GLENN AIKIN (Name of Pers	on) at (50				
STREET ADDRESS:		MAILING A	ADDRESS:	- S	e production de la constant de la co
Qualification/Tax Lien S Division of Corporation 409 E. Gaines St. Tallahassee, FL 32399		Qualification Division of O P.O. Box 632 Tallahassee,	27	PM 12: 14 EFFLORIDA	
Enclosed is a check for t	the following amount:				
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Certified Cop	by Cer	.50 Filing Fee rtificate of Star rtified Copy	



A.M.E. SERVICES, INC. 23 BARRECA ST- P.O. BOX 397- NORCO, LA. 70079 (504) 764-2422- (504) 566-1260 FAX: (504) 469-2443

February 25, 1999

Mr. Lee Rivers Qualifications/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, Fla. 32314

Re: A.M.E. SERVICES, INC.

Dear Mr. Rivers;

As per our discussion today I am sending in our application to register to do business in the State of Florida. You asked me to include a note to remind you that we had discussed our certificate and although it was over 90 days it would be acceptable.

I do appreciate your assistance and if there are any issue with our application that I can assist with please contact me at 504-764-2422, fax 504-469-2443, or email amesiga@aol.com.

Sincerely

Marketing Manager

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.

2. LOUISI	reviations of like import in langua n or partnership if not so containe ANA try under the law of which it is in	d in the name	at present.)	1297872	-		
		corporated)		(FEI m	ımber, if app	licable)	
4. <u>APRIL 11</u>	1988		RPETUAL				
(I	Date of incorporation)	(1	Duration: Ye	ar corp. will o	ease to exist	or "perpetual")	 · -
6. UPON OU	JALIFICATION					-	-
(Date fi	rst transacted business in Florida.) (SEE SECTI	ONS 607.15	01, 607.1502	and 817.155,	F.S.)	
	RECA STREET, P.O. BO						
_NORCO	IA 70079						
		nt mailing ad	dress)		, <u>, , , , , , , , , , , , , , , , , , </u>		<u> </u>
	e(s) of corporation authorized in larget address of Florida regist					-	7
Name:	ARTHUR SMITH						· m
Office Address:	118 FERRY ROAD NE	-				PH I2:	j
	FORT WALTON BEACH		Flori	da, <u>32548</u>			
			,				=
				(Zip cod	ie)		
0 Registered	ogantia accentance			(Zip cod	ie)		
0. Registered	agent's acceptance:			(Zip cod	ie)		
Having been nam n this application comply with the p	agent's acceptance: ed as registered agent and to acc , I hereby accept the appointment rovisions of all statutes relative to ligations of my position as registe	u us registered O the proper a		he above state	ed corporatio		
Having been nam or this application omply with the p	ed as registered agent and to acc , I hereby accept the appointmen rovisions of all statutes relative to	u us registered O the proper a		he above state	ed corporatio		

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.

Chairman	:		
-			-
/ice Chai	irman:		
irector:			
irector:			
		-	
. OFFI	CERS (Street address only - P.O. Box NOT acceptable	e)	THE STATE OF THE S
esident:	BURNELL K MOLIERE	1.00	-
ddress:	23 BARRECA STREET		99
-	NORCO, LA 70079		京東江
ice Presi	dent: EDWARD L. CHATMAN		0.5
ddress: _	23 BARRECA STREET		TO HE O
_	NORCO, LA 70079		027
cretary:	HERMAN C. WESTON		
idress: _	23 BARRECA STREET	-	
_	NORCO, LA 70079		
easurer:	HERMAN C. weston		
ldress: _	23 BARRECA STREET		
_	NORCO, LA 70079	·—·· _ : ··	
OTE: I	f necessary, you may attach an addendum to the application lis	sting additional officers and/or dire	ctors.
	The state of the s		
	(Signature of Chairman, Vice Chairman, or any officer		



SECRETARY OF STATE

As Secretary of State of the State of Louisiana. I do horoby Certify that

A LOUISIANA corporation domiciled at NORCO,

Filed charter and qualified to do business in this State on April 11, 1988,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation sincer this information is not available from the records of this Office.

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,

Oftober 21, 1998

BBE 34302348D Secretary of State

