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#### **COVER LETTER**

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SFP 12 ::: 4: 21 TO: Registration Section Division of Corporations TECRETARY OF STATE TALLAHASSEE, FLORIDA SUBJECT: MSI INVENTORY SERVICE 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: ANGELA GARTRELL (Name of Person) MSI INVENTORY SERVICE CORPORATION (Firm/Company) 105 KATHERINE DRIVE, BLDG D PO BOX 320129 (Address) FLOWOOD, MISSISSIPPI 39232 (City/State and Zip code) For further information concerning this matter, please call: ANGELA GARTRELL at (601 ) 939-0130 (Name of Person) (Area Code & Daytime Telephone Number) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 Enclosed is a check for the following amount: \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status Certified Copy 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. MSI INVE	NTORY SERVICE CORPORATION	any pandra ny tronga na ana	
(Enter name of co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavaila	ble in Florida, enter alternate corporate name a	adopted for the purpose of transacting b	ousiness in Florida)
2. MISSISSI	PPT3	64-0679640	
(State or country t	inder the law of which it is incorporated)	(FEI number, if applica	ble)
4. <u>JULY 28.</u>			
(Date	of incorporation)	(Duration: Year corp. will cease to ex	ist or "perpetual")
6. <u>July 1.</u>			
·	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
a 105 PARE	•		
7. 103 KAIH.	ERINE DRIVE, BUILDING D, FLOW (Principal office addr		· · · · · · · · · · · · · · · · · · ·
DO 202 3	` *	•	
PU BUX 3	20129, FLOWOOD, MISSISSIPPI (Current mailing addr	39232	
	(01111111111111111111111111111111111111		
	Y VALUATION		
(Purpose(s)	) of corporation authorized in home state or co	untry to be carried out in state of Florid	
9. Name and stree	t address of Florida registered agent: (P.O	. Box NOT acceptable)	66 S
Name:	Corporation Service Company	<u></u>	APS TI
Office Address:	1201 Hays Street		7 F
	Tallahassee	, Florida	
	(City)	(Zip code)	ATE PRIDI
10 Desistand as	vaut'a accompanie		

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.

By: Sauch C. Service Company

(Registered agent's signature)

Sarah K. Drake

as its agent

- 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 business addresses of officers and/or directors:

#### A. DIRECTORS

Chairman:	JAMES O. MCCLAIN		
Address:	962 COUNTY LINE ROAD		
	MENDENHALL, MS 39114	***	
Vice Chairman: _	SANDRA B. MCCLAIN	·	
Address:	962 COUNTY LINE ROAD		
	MENDENHALL, MS 39114		+-
Director:		z	
Address:			
		<del></del>	
Director:			50, 8
Address:			SEP TAIL
B. OFFICERS			2 1
President:	JAMES O. MCCLAIN		그를 물 다
Address:	962 COUNTY LINE ROAD		7 PE 2
	MENDENHALL, MS 89114	<u> </u>	
Vice President:	SANDRA B. MCCLAIN		
Address:	962 COUNTY LINE ROAD	<u> </u>	
	MENDENHALL, MS 39114	<u> </u>	
Secretary:	SANDRA B. MCCLAIN		
Address:	962 COUNTY LINE ROAD, MENDENHALL, MS	39114	
Treasurer:	JAMES O. MCCLAIN		
Address:	962_COUNTY_LINE ROAD, MENDENHALL, MS_	39114	
NOTE: If neces	sary, you may attach an addendum to the application lis		
13.	Jane O. We Clauri (Signature of Director or Officer listed in number	***	<b>*</b> **
	(Signature of Director or Officer listed in number	12 of the application)	
14	JAMES O. MCCLAIN. PRESEDENT & CEO (Typed or printed name and capacity of person	signing application)	

# State of Mississippi

### Office of the Secretary of State Eric Clark, Secretary of State Jackson, Mississippi

#### CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on July 28, 1983, the State of Mississippi issued a Charter/Certificate of Authority to:

MSI INVENTORY SERVICE CORPORATION

That the state of incorporation is MISSISSIPPI.

That the period of duration is 99 years.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

> FILEU SECRETARISMENT SECRETARIAN

Given under my hand and seal of office August 31, 2006

Eric Clark

ERIC CLARK Secretary of State

