# F00000003588

#### TRANSMITTAL I ETTED

* NAMOURITAL LETTER
To: Registration Section Division of Corporations
SUBJECT: America's Complete Employment 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:
(Name of Person)
(Name of Person)
(Firm/Company)  (Firm/Company)  (Firm/Company)  (Firm/Company)  (Firm/Company)
(Address)
Care Carriers (2)
Cape Canqueral FLonda 32920 (City/State/Zip)
(City/State/Zip)  50003233675— -05/01/00—01144—004  Should you need to call someone concerning this matter, please call:
(Name of Person) at (704) 622-3252 (Area Code & Daytime Telephone Number)
· · · · · · · · · · · · · · · · · · ·
Name STREET ADDRESS: MAILING ADDRESS: Availability
Registration Section  Document Division of Corporations  Examiner 409 E. Gaines St.  Registration Section  Division of Corporations  P.O. Box 6327
Updater Tallahassee, FL 32399 Tallahassee, FL 32314
Updater Enclosed is a check for the following amount:  Verifyer DCC
Acknowledgement DCC Certificate of Status Certified Copy Certificate of Status &

Certified Copy

F00000002588

Name

W. P. Verifyer

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## 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. (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. North Caroline

(State or country under the law of which it is incorporated)

3. 58-2507832

(FEI number, if applicable) 4. \( \frac{120/99}{\text{(Date of incorporation)}} \) 5. \( \frac{\text{Perpetual}}{\text{(Duration: Year corp. will cease to exist or "perpetual")}} \) (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. a. 8985 Columbia Road, Cape Canqueral FLOI,1. 32920
(Principal office address)

b. 642 Beach Park Lane Cape Canqueral Florida 32920
(Current mailing address) 8. Temposay help

(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) Office Address: 642 Beach Park Lane

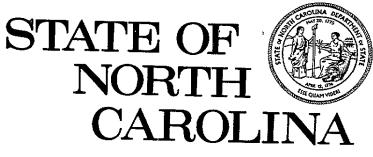
Cape Canaveral , Florida 32920

(Zin 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.

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.

(Registered agent's signature)

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12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: Tom Granata	
Address: 417 Withershinn Drive	
Charlotte, NC 28262	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	<b>=</b>
A 11	OD MAY
Address:	MAY -1 CRETAR LAHASS
B. OFFICERS	FILED -I PM
President: Tom Granuta	F STI
Address: Tom Granuta  Address: 417 Witherhan Orive	RIDA SO
Charlotte le 28262	
Vice President: Matt Hogan	
Address: 642 Beach Park Lane	
Lape Canaveral Florida 32920	
,	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or direct	cors.
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(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application	n)
14. Matthew 5 Hogan  (Typed or printed name and capacity of person signing application)	
(Typed or printed name and capacity of person signing application)	



#### Department of The Secretary of State

#### CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

### AMERICA'S COMPLETE EMPLOYMENT, INC

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 30th day of December, 1999, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 7th day of April, 2000.

Elaine J. Marshall

Secretary of State