F00000000854

TRANSMITTAL LETTER

| To: Registra Division | tion Section of Corporation | s | | | |
|---|-----------------------------|--|--|---|---------------------------|
| SUBJECT: | UNITED SU | JRETY SERVICES | INCORPORATED | | |
| | | (Name of corporation | on - must include suffix) | | |
| Dear Sir or Mad | | | | | |
| The enclosed "A" "Certificate of I transact busines | Existence", and | oreign Corporation for check are submitted to | Authorization to Transact F register the above reference | Business in Florida", i foreign corporation | tò |
| Please return al | l correspondenc | e concerning this matte | er to the following: | | |
| | | LYLE S. GUIL | | | |
| | | (Name o | of Person) | | |
| | UNITED S | URETY SERVICES | INC. | | . Skilled . 1 |
| | | | Company) | | |
| | 800 Johr | ston St. | | | -4 |
| | | (Ad | idress) | | MJH |
| | Alexandı | cia, La. 71301 | | <u> </u> | |
| | | (City/S | | 0032534; -05/15/000116 ******87.50 ** | 269 34003 ****87.50 |
| Should you ne | ed to call some | one concerning this man | tter, prease can: | | |
| Michael Sm | nith | at (318 |) 449-9500 | | |
| (Nam | ne of Person) | (Ar | ea Code & Daytime Telepho | one Number) | 9 3. |
| | | | | | |
| STREET AD | DRESS: | | MAILING ADDRESS | : | <u>ਹ</u> ਪ੍ਰੋਵੇ |
| SIREE I | | | /n : Spation | | |
| Registration S | | | Registration Section Division of Corporation | as | ë 54 |
| Division of Co | orporations | | P.O. Box 6327 | | 57 |
| Tallahassee, F | | | Tallahassee, FL 32314 | | O3 |
| Enclosed is a | check for the fo | llowing amount: | | | |
| □ \$70.00 Fil | ing Fee 🗖 🕄 | 378.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fe Certificate of S 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. UNIT | ED SURETY SERVICES INCORPORATED |
|-------------------------|---|
| words or abb | reviations of like import in language and "INCORPORATED", "COMPANY", "CORPORATION" or |
| natural perso | n or partnership if not so contained in the name at present.) |
| 2. LOUIS (State or coun | 1ry under the law of which is in |
| ₄ June 21 | 1994 |
| · · | 5. Perpetual Oute of incorporation) (Duration: Year corp. will cease to exist or "perpetual") PON QUALIFICATION |
| | sacted 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. 800 J | OHNSTON ST. ALEXANDRIA, LOUISIANA 71301 (Principal office address) |
| b. P.O. E | ox 1672 ALEXANDRIA, LA. 71309 |
| | (Current mailing address) |
| 8. INS | URANCE e(s) of corporation authorized in home state or country to be carried out in state of Florida) |
| 9. Name and st | reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) |
| Name: | SUE GRAHAM |
| Office Address: | 831 "F" North Federal Hwy. |
| , | , Florida 33304 (Zip code) 57 |
| 10. Registered a | gent'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

| Chai | ECTORS |
|--|---|
| Chairma | LYLE S. GUILLORY |
| Address: | |
| Vice Cha | irman: |
| | |
| | |
| rector: | |
| .ddress: | |
| irector: | |
| ddress: | |
| OFFI | CERS |
| esident: | LYLE S. GUILLORY |
| | |
| | 800 Johnston St. Alexandria, La. 71301 |
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| dress: _ ce Presidedress: _ cretary: _ dress: _ asurer: _ lress: | 800 Johnston St. Alexandria, La. 71301 ent: Mike Singletary, & Michael Smith 800 Johnston St. Alexandria, La. 71301 Michael Singletary 800 Johnston St. Alexandria, La. 71301 Lyle S. Guillory |

(Typed or printed name and capacity of person signing application)

LYLE S. GUILLORY/CHAIRMAN

14.



SECRETARY OF STATE

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

UNITED SURETY SERVICES, INC.

A LOUISIANA corporation domiciled at ALEXANDRIA,

Filed charter and qualified to do business in this State on = June 21, 1994,

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 since 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,

Jox. Wi Lillan

CLO Secretary of State

