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-08/04/00--01047--001 \*\*\*\*\*70.00 \*\*\*\*\*70.00

August 1, 2000

#### VIA FEDERAL EXPRESS

Florida Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: HRxcel, Inc. Certificate of Authority

Dear Sir or Madam:

Enclosed please find one (1) original Florida Application for Certificate of Authority to do Business regarding HRxcel, Inc. for filing in your office.

In addition, we have enclosed one check in the amount of \$70.00 to cover the requisite filing fee.

Please forward us a copy of the date-stamped original in the enclosed self-addressed envelope.

Thank you for your assistance with this matter. Please contact me at (704) 343-2273 if you have any questions regarding this matter.

Very truly yours,

Maggie Backer

Corporate Legal Assistant

8/8

mab

cc: David Paulson, Esq.

Enclosures

# 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	<ol> <li>HRxcel, Inc. (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural or partnership if not so contained in the name at present.)</li> </ol>	words or I person
2.	2. Georgia (State or country under the law of which it is incorporated)  3. 58-2536876 (FEI number, if appl	icable)
4.	(Date of incorporation)  5. Perpetual (Duration: Year corp. will cease to exist or "perpe	etual")
6.	· <u>Upon Oualification</u> (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))	<u></u>
7.	6 Lakepoint Plaza, 2725 Water Ridge Dr., Suite 300, Charlotte, North  Carolina 28217  (Current mailing address)	
•	See attached purpose clause (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  Name and street address of Florida registered agent:	Isam - p drags <sup>2</sup>
	Name: C T Corporation System	
	Office Address: Island Road System, 1200 South Pine	. T. 49 8.
	Plantation , Florida, 33324 (Zip Code)	e de la desta escena de la desta escena de la desta escena de la desta escena de la dela dela dela dela dela d
lav es ırti	Registered agent acceptance:  aving been named as registered agent and to accept service of process for the above stated corporation at signated in this application. I hereby accept the appointment as registered agent and agree to act in this catther agree to comply with the provisions of all statutes relative to the proper and complete performance of all am familiar with and accept the obligation of my position as registered agent.  C T Corporation System  (Registered agent's signature) (Officer) LNV LSISSV	
= F	2180 11/16/04) (Type Name and Title of Officer)	

- 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:

A.	DIRECTORS					
	Chairman: See attached list of directors					
	Address:					
						,
	Vice Chairman: <u>See attached list of directors</u>			-		- 71
	Address:	·				
		<del></del>			- •	-
	Director: See attached list of directors					
	Address:					
			90			-
	Director:	" * ·	100			
	Address:		<u>-</u>		• • •	-
П	OFFICERO	200 - 100 -	E H	, <sub>24</sub> ,		
B.	OFFICERS		550			
	President: See attached list of officers				٠.	£ 23
	Address:		-		٠	-
	Vice President	. <u></u>				
	Vice President:	<del></del>				-
	Address:	<del></del>				
	Secretary					
	Secretary:					
	Address:	<del></del> ,				

rreasurer:	
Address:	,
NOTE: If necessary, you may attach an addendum to the application listing additional office and/or directors.  13. Barlan January	ers
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14. Barbara Sheridan, Vice President (Typed or printed name and capacity of person signing application)	

## Appendix to Florida Application by Fgn. Corp. for Authorization to Transact Business in Florida

## Purpose Clause of HRxcel, Inc.

Provide Human Resources Services

#### ATTAHCMENT A

#### DIRECTORS:

Todd D. Wiebusch 6 Lakepoint Plaza 2725 Water Ridge Drive Charlotte, NC 28217

Barbara Sheridan 6 Lakepoint Plaza 2725 Water Ridge Drive Charlotte, NC 28217

Steve Sodel 6 Lakepoint Plaza 2725 Water Ridge Drive Charlotte, NC 28217

Mike Brown 6 Lakepoint Plaza 2725 Water Ridge Drive Charlotte, NC 28217

#### OFFICERS:

Todd D. Wiebusch, President 6 Lakepoint Plaza 2725 Water Ridge Drive Charlotte, NC 28217

Alan Campbell, Chief Financial Officer and Treasurer 6 Lakepoint Plaza 2725 Water Ridge Drive Charlotte, NC 28217

Mike Brown, Executive Vice President 6 Lakepoint Plaza 2725 Water Ridge Drive Charlotte, NC 28217

Barbara Sheridan, Vice President 6 Lakepoint Plaza 2725 Water Ridge Drive Charlotte, NC 28217

Phyllis E. Hobbs, Secretary 6 Lakepoint Plaza 2725 Water Ridge Drive Charlotte, NC 28217

### Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 002130129 CONTROL NUMBER : 0016349 DATE INC/AUTH/FILED: 04/10/2000

JURISDICTION : GEORGIA
PRINT DATE : 07/31/2000

FORM NUMBER : 211

C T CORPORATION SYSTEM JEAN STEVENS 1201 PEACHTREE STREET, N.E. ATLANTA, GA 30361

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### HRXCEL, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, Certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox
Secretary of State