TRANSMITTAL LETTER

SUBJECT: TOPCOR 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: 500003425015-3 Mark A. Stafford 100-01103-1003 **********************************	TO: Registration Section Division of Corporations				
(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: 5000034250153 Mark A. Stafford "************************************	TODOOR Services. Inc	<u> </u>			
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: \$\frac{10.15.4260153}{10.16.70001103003}\$ Mark A. Stafford (Name of Person) (Name of Person) (Firm/Company) About A. Stafford (Address)	(Name of corporation - must include suffix)				
"Certificate of Existence", and check are submitted to register the above retered to totransact business in Florida. Please return all correspondence concerning this matter to the following: 5000003425015—3 Mark A. Stalford 1000 1103 1000 1103 1000 1103 1000 1100					
Mark A. Stafford (Name of Person) (Name of Person) (Name of Person) (Firm/Company) (Address) Boden Racge LA 70809 (City/State and Zip code) For further information concerning this matter, please call: Mark A. Stafford (Area Code & Daytime Telephone Number 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	"Certificate of Existence", and check are submitted to reg to transact business in Florida.	gister the above referenced foreign corporation			
(Name of Person) (Firm/Company) [Address] Bodon Racge, LA 70809 (City/State and Zip code) For further information concerning this matter, please call: [Name of Person] [Name of Person] [Name of Person] [Area Code & Daytime Telephone Number Properties of the Company o	Please return all correspondence concerning this matter t	o the following: 5000034260153			
(Name of Person) (Firm/Company) [Address] Bodon Racge, LA 70809 (City/State and Zip code) For further information concerning this matter, please call: [Name of Person] [Name of Person] [Name of Person] [Area Code & Daytime Telephone Number Properties of the Company o	Mark A. Stafford	**************************************			
(Firm/Company) Japas Industriplex Blud	(Name of P	erson)			
(Firm/Company) Japas Industriplex Blud	TOPCOR Services, Inc.	<u> </u>			
For further information concerning this matter, please call: Mark Stafford at 325 753 - 7067 25 75 75 75 75 75 75 7	(Firm/Com	pany)			
For further information concerning this matter, please call: Mark A Stafford at (325) 753-7067 Mark Code & Daytime Telephone Number 17 15 15 15 15 15 15 15	12025 Industriplex Blod				
For further information concerning this matter, please call: Mark A Stafford at (325) 753-7067 Mark Code & Daytime Telephone Number 17 15 15 15 15 15 15 15	(Addre	ss)			
For further information concerning this matter, please call: Mark A Stafford at (325) 753-7067 Mark Code & Daytime Telephone Number 17 15 15 15 15 15 15 15	Boton Rouge, LA 70809				
Mark A Stafford at (205) 783-7067 (Name of Person) (Area Code & Daytime Telephone Number 5 5 7 5 5 5 7 5 5 7 5 7 5 7 5 7 5 7 5	(City/State and Zip code)				
Registration Section Registration Section	Mark I stafford at (2015	LEAN (
Enclosed is a check for the following amount: \$\Begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 10 20 \$78.75 Filing Fee & \$\Begin{array}{cccccccccccccccccccccccccccccccccccc			

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.	OR Services, Inc.	95		
words or abbre natural person (oration; must include the word "INCORPOR viations of like import in language as will cle or partnership if not so contained in the name	early indicate at present.)	that it is a corporation	instead of a
2L	ery under the law of which it is incorporated)	3	72-10879	۵9
(State or count	ry under the law of which it is incorporated)	-	(FEI number, i	applicable)
4.	1987	5.	Perpetua	se to exist or "perpetual")
(Da	te of incorporation)	(Durati	on: Year corp. will cea	se to exist or "perpetual")
6. <u>U</u> β	on Qualification			
(Date first trans	acted business in Florida. If corporation has (SEE SECTIONS 607.1			isert "upon qualification.")
7 1202	S Industriplex Rid (Principal office)	Batan	Racge LA	70809
7. <u>(0.00</u>	(Principal office	address)		
	me as above	± =		÷
	(Current mailing	address)		
8. Purpose	(s) of corporation authorized in home state o	r country to b	e carried out in state of	Florida)
9. Name and sti	<u>reet address</u> of Florida registered ager	nt: (P.O. Bo	ox or Mail Drop Box	NOT acceptableS
Name:	CT Corporation System	ι		OCT CRET
Office Address:	1200 S. Pine Island	Rd.		FILED OCT 16 AM II: 36 ETARY OF STATE HASSEE, FLORIDA
	, ,		lorida 33324	PS ME D
	Ptentextion (City)	······································	(Zip code)	TATI
	agent's acceptance: med as registered agent and to accept so	orvice of pre	ncess for the phove s	
designated in thi further agree to	is application, I hereby accept the apportance of all statute familiar with and accept the obligation	intment as 1 es relative t	registered agent and o the proper and con	agree to act in this capacity. uplete performance of my
	Vista Ala		VICTOR ALFAN	
	(Registered age	nt's signature)	

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:	and the age of the second seco
Address:	
	*** *** *** *** *** *** *** *** *** **
Vice Chairman:	
Address:	
Director:	
Address:	V-8
	2.
Director:	THE STATE OF THE S
Address:	
B. OFFICERS	-
President: James M. Backer	OO SEC
Address: 12025 Indediplex Blod	AET OC T
Boton Rouge, CA 70809	SSEE I
Vice President: William T. Luck	F S D
Address: 12025 Industriplex Blad	22
Baton Rouge, CA 70809	0.
Secretary: William T. Luck	
Address:	
Treasurer: James M. Baker	27
Address:	
	Are a de la decembra
NOTE: If necessary, you may attach an addendum to the application listing ac	Iditional officers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed i	number 12 of the application)
	in named 12 of the approaction)
Typed or printed name and capacity of person signing	application)

200



SECRETARY OF STATE

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

the_Articles of Incorporation of

TOPCOR SERVICES, INC.

Domiciled at BATON ROUGE, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on January 27, 1987.

I further certify that no Certificate of Dissolution has been issued.

OO OCT 16 AM II: 36
SECRETARY OF STATE
ALLACSEF FLORIDA

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,

Octobe**n** 2, 2000

CLO

Secretary of State

