CT 60 1000001873

CORPORATION(S) NAME		LAHASSEI G	LED
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Profit () Nonprofit	() Amendment	() Merger	
Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark	_
() Limited Partnership	() Annual Report	() Other	_
()LLC	() Name Registration	() Change of RA	
· · · · · · · · · · · · · · · · · · ·	() Fictitious Name	() UCC	_
Certified Copy	() Photocopies	() CUS	
() Call When Ready	() Call If Problem	() After 4:30	
(x) Walk In () Mail Out	() Will Wait	(x) Pick Up	
Name	4/6/01	Order#: 3993050	
Availability			
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Updater			-
Verifier		Amount: \$	
W.P. Verifier	DIVISION OF CORRATAIN	Amount. v	
	DIVISION OF COORSING		
660 East Jefferson Stre	~ · · · · · · · · · · · · · · · · · · ·	Nu	
Tallahassee, FL 32301	eer CIVITOTI	111	

A CCH LEGAL INFORMATION SERVICES COMPANY

Fax 850 222 7615

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIAI REGISTER A I	NCE WITH SECTION 607.1503, FL FOREIGN CORPORATION TO TRA	ORIDA STATUT ANSACT BUSTAN	ES, THE FOLLOWING IS	SUBMITTED TO
natural person	poration; must include the word "TNCO reviations of like import in language as n or partnership if not so contained in the			DN" or SSET OF ST
2. Louisi	ana try under the law of which it is incorpor	3	72-0820178	98 3 18 3
(State or count	Ty under the law of which it is incorpor			cable)
4. Septem	mber_30,-1977	5	perpetual	· · · · · · · · · · · · · · · · · · ·
(D	ate of incorporation)	(Duration: Y	ear corp. will cease to exist o	r "perpetual")
6. <u>upon q</u>	ualification st transacted business in Florida) (SFF			
	(DEL	E SECTIONS 607.1	1501, 607.1502 and 817.155,	F.S.)
710355	Linwood Avenue		- 보고 생활	
Shreve	port. T.A 71106		•	
		ling address)	A CONTRACTOR	<u> </u>
9. Name and st	roducts industry sales an e(s) of corporation authorized in home street address of Florida registered CT Corporation System	state or country to l	be carried out in state of Flori	da)
			errore Errore	ಟ ಗಳ ಕ್ರೇಮ್ ≥
Office Address:	1200 South Pine Island Road	<u> </u>	ge Company	
	Plantation		lorida, 33324	
			(Zip code)	·
10. Registered	agent's acceptance:			
with the provision the obligations of		stered agent and a and complete performance (MAL) (gent's signature)	gree to act in this capacity. rmance of my duties, and I a Vivianne Special	I further agree to comply im familiar with and accept Jones Assistant Secretary
11. Attached is a c Department of Stat which it is incorpor	ertificate of existence duly authenticate e, by the Secretary of State or other offi rated.	d, not more than 90 icial having custod) days main an Autimore Care	** *

which it is incorporated.

^{12.} Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) FL019 - 9/2/99 CT System Online

Chairman:		<u> </u>	-		<u> </u>	
Address: _		<u> </u>			上京 元	-F
_					~~ ~ ~	2
Vice Chairr	man:				Ti C	2 0
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		<u> </u>		٠ -) r	±.
irector: _	W. JAMES CLARKE	#-	-			÷.
ddress: _	DOU CONGER ST. FUGENE (18 9/40)					4-:
				<u> </u>	, 0	<u></u>
irector: _	Belle C. Clarke		. -			11
ddress:	660 Conger St. Eugene OR 97402	·		HASS	를 하	
OFFIC	ERS (Street address only - P.O. Box NOT acceptable)		2		19 B	<u>'Ö</u>
				7	3 :	
ldress:	W. James Clarke 660 Conger St. Eugene OR 97402				Dri -	
ce Preside	BELLE C. CLARKE 660 CONGER ST. FUGENE OR 97402	n	.5	<u> </u>	<u> </u>	# ₅ · _
dress:	660 Conger St. Eugene OR 97402		-		-	
retary: _	Belle C. Clarke		<u> </u>		<u> </u>	of
dress:	660 Conger St. Eugene OR 97402				<u> </u>	
asurer:	Belle C. Clarke		-	<u> </u>		<u> </u>
iress:	660 Conger St. Eugene OR 97402			- 	<u> </u>	<u> </u>
	<u> </u>		.		· 	
TE: If n	ecessary, you may attach an addendum to the application listing a					<u>·</u>
, -0-	(Signature of Chairman, Vice Chairman, or any officer listed	in number 12 of	he applic	ation)	<u> </u>	•
	Belle C. Clarke Vice President					



SECRETARY OF STATE

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

CLARKE'S ALLIED, INC.

A LOUISIANA corporation domiciled at SHREVEPORT,

Filed charter and qualified to do business in this State on September 30, 1977,

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 sel my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

Jox M. 3, 2001

CBU 31936980D Secretary of State

