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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MORRIS & McDANIEL, 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:

JOSEPH F. NASSAR
(Name of Person)

MORRIS & McDANIEL, INC.
(Firm/Company)

P.O. BOX 104
(Address)

JACKSON, MS 39205
(City/State and Zip code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

HELEN BARNES at (601) 353-0640
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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*****87.50 *****87.50

Enclosed is a check for the following amount:

☐ $70.00 Filing Fee ☐ $78.75 Filing Fee & Certificate of Status ☐ $78.75 Filing Fee & Certified Copy ☑ $87.50 Filing Fee, Certificate of Status & 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. Morris & McDaniel, Inc.
(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. Mississippi (State or country under the law of which it is incorporated)

3. 64-0595753 (FEI number, if applicable)

4. June 28, 1976 (Date of incorporation)

5. 2075 (Duration: Year corp. will cease to exist or "perpetual")

6. upon qualifications
(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. 117 South Saint Asaph Street, Alexandria, VA 22314
(Principal office address)

P.O. Box 104 Jackson Ms 39205
(Current mailing address)

8. Human Resource & Testing Service
(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)

Name: Mark K. Logan

Office Address: Smith, Ballard, & Logan
403 East Park Avenue

Tallahassee (City), Florida 32301 (Zip code)

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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.

Mark K. Logan
(Registered agent'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: DAVID M. MORRIS

Address: 117 SOUTH SAINT ASAPH ST.
ALEXANDRIA, VA 22314

Vice Chairman: JOSEPH F. NASSAR

Address: 117 SOUTH SAINT ASAPH ST.
ALEXANDRIA, VA 22314

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: DAVID M. MORRIS

Address: 117 SOUTH SAINT ASAPH ST.
ALEXANDRIA, VA 22314

Vice President: JOSEPH F. NASSAR

Address: 117 SOUTH SAINT ASAPH ST.
ALEXANDRIA, VA 22314

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. David M. Morris
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. David M. Morris, Chairman
(Typed or printed name and capacity of person signing application)

State of Mississippi

Secretary of State's Office

Eric Clark

Secretary of State
Jackson, Mississippi

CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on June 28,1976 the state of Mississippi issued a Charter/Certificate of Authority to:

MORRIS AND MCDANIEL, INC.

That the state of incorporation is MISSISSIPPI.

THAT THE PERIOD OF DURATION IS 99 YEARS.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Given under my hand
and seal of office
November 19,2001

Eric Clark

ERIC CLARK,
Secretary of State