

F04000002272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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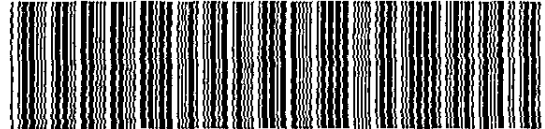
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/09/04--01053--010 **78.75

04 APR 26 PM 2:44

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

WIA?

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NES-FL, 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:

REGINA KEDER

(Name of Person)

NATIONAL EMPLOYER SOLUTIONS, INC

(Firm/Company)

2575 WESTSIDE PKWY STE 100

(Address)

ALPHARETTA, GA 30004

(City/State and Zip code)

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DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

LORI KINNEY

(Name of Person)

at (770) 625-9111

(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

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 16, 2004

REGINA KEDER
NATIONAL EMPLOYER SOLUTIONS, INC.
2575 WESTSIDE PKWY., STE 100
ALPHARETTA, GA 30004

SUBJECT: NES-FL, INC.
Ref. Number: W04000014880

We have received your document for NES-FL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 404A00025266

**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. NES-FL, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

NES-FL, INC OF GEORGIA

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. GEORGIA

(State or country under the law of which it is incorporated)

3. 80-0100812

(FEI number, if applicable)

4. 3/12/04

(Date of incorporation)

5. PERPETUAL

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

6. UPON QUALIFICATION

(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. 2575 WESTSIDE PARKWAY STE 100 ALPHARETTA, GA 30604

(Principal office address)

SAME AS ABOVE

(Current mailing address)

8. EMPLOYEE LEASING

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

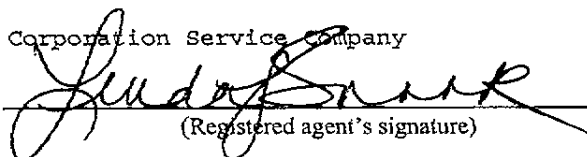
(City)

(Zip code)

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.

Corporation Service Company



(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:

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DIVISION OF CORPORATIONS
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A. DIRECTORS

Chairman: ~~See attached officers/directors rider~~

Address: _____

Vice Chairman: _____

Address: _____

Director: RONALD K. CATES

Address: 2575 WESTSIDE PARKWAY STE 100
ALPHARETTA, GA 30004

Director: _____

Address: _____

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B. OFFICERS

President: ~~See attached officers/directors rider~~ RONALD K. CATES

Address: 2575 WESTSIDE PARKWAY STE 100
ALPHARETTA, GA 30004

CEO
Vice President: LORI RIVES KINNEY

Address: 2575 WESTSIDE PARKWAY STE 100
ALPHARETTA, GA 30004

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Lori Rives Kinney
(Signature of Director or Officer listed in number 12 of the application)

14. LORI RIVES KINNEY C.E.O.
(Typed or printed name and capacity of person signing application)

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0417046
DATE INC/AUTH/FILED: 03/12/2004
JURISDICTION : GEORGIA
PRINT DATE : 03/29/2004
FORM NUMBER : 211

NES-FL
LORI RIVES KINNEY
2575 WESTSIDE PKWY STE100
ALPHARETTA, GA 30004

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 as of the above print date

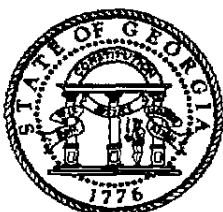
NES-FL, INC.
A GEORGIA PROFIT CORPORATION
is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date 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 above-named entity as of the print date above. 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 information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and 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.

20040329155009690



Cathy Cox

Cathy Cox
Secretary of State