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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Dod	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 23, 2005

HOBART CARVER 129 ALLEN STREET KERNERSVILLE, NC 27284

SUBJECT: CONSTRUCTION PERSONNEL SERVICES, INC.

Ref. Number: W05000025697

We have received your document for CONSTRUCTION PERSONNEL SERVICES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate 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) 245-6890.

Jason Merrick Document Specialist

Letter Number: 705A00036896

61:01 KV 8-50

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Construction Personne		c		
(Name of corpo	ration - must include suffix)			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted transact business in Florida.				
Please return all correspondence concerning this ma	atter to the following:			
Hobart Carver				
(Nam	ne of Person)		-	
(Name Construction Personnel Ser (Firm 129 Allen Street Kernersville, NC 27284 (City/St	vices Inc.			
(Firm	(Company)			
129 Allen Street				
(/	Address)			
Kernersville NC 27284				
(City/St	ate and Zip code)			
For further information concerning this matter, plea	se call:	TAL	05	
7. < 111	1 003 711110	-	AUG	ä
(Name of Person) at (33	6 993-7449 rea Code & Daytime Teleph	one Number)	8 .	
(Name of retson) (A)	lea Code & Dayume Teleph	one Maniper) 2,	ω 	,,
STREET ADDRESS: Registration Section	MAILING Al Registration S		61 :01 !IV	ETH Volat
Division of Corporations	Division of Co			
409 E. Gaines St.	P.O. Box 632			
Tallahassee, FL 32399	Tallahassee, F	L 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 St Certified Copy		

FROM : CHARLES CARVER
May 11 05 03:35p

FAX NO. : 941 342 4391 May. 11 2005 04:35PM P1

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. LONSTRUCTUM RESOURCE SECURICES INC.	
(Enter nume of corporation, must include "TNCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Cosp." "Inc." "Co," or "Cosp.")	
(If name unrotatishte in Florida, enter alternate corporate using adopted for the purpose of transacting business in Florida)	
2 NC (State or country under the law of which it is incorporated) (FEI number, if applicable)	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. [13 2003 5. " Per perhand" (Date of incorporation) (Duration: Year corp will cease to exist or "perpotual")	
(Date of monthermon) (Date of a series of best	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine peachy liability)	
7. 129 Aller Street Kernersville N.C. 27284 (Principal office Address)	
(Principal office address)	
(Principal office address) D9 Allen Street Kernersville NC 27284 (Ourrent mailing address)	.
There to all many Sycology	, ; · · · ·
8. Temporary Employment Service (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florids)	ڏ ـ
(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 NOT acceptable) Name: Charles Carver	مان مان
Name: Charles Carrer 500 500	
Office Address: 7854 Chick Evens Place Strasta Florido 34240 (City) (Zip code)	
Suasta Florido 34240	
(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 statutus 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.	
(Kegisterod 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. DIRECTORȘ	•		
Chairman:			
Address:			
		 -	
Vice Chairman:	·-		
Address:			
Director:			
Address:			
Director:		<u>. </u>	
Address:			
B. OFFICERS	SEL ALL	05 Å	E21
President: Hobart Carver		AUG +	ه د. رسم شرور
Address: 101 Quail lake Apt G	<i>S</i> S	сэ ———	
Address: 101 Quail lake Apt G Winston-Salem, NC 27104		=======================================	: d
Vice President:		-19	
Address:	→		
Secretary:			
Address:			
Treasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional officers as	ud/ou discote		
1 Lola A W/ Come	id/or directo	IIS.	
(Signature of Director or Officer listed in number 12 of the application)			
14. Hobart W. Carver President		<u> </u>	
(Typed or printed name and capacity of person signing application)			



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

CONSTRUCTION PERSONNEL SERVICES, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 10th day of January, 2003, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 13th day of May, 2005

6 laine I. Marshall

Secretary of State