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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

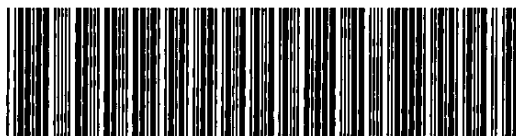
(Document Number)

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06 DEC 11 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/11/06

**COVER LETTER**

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06 DEC 11 PM 4:55

**TO:** New Filing Section  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** Logista Public Sector, 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:

John W. Crowell

(Name of Person)

Gholson, Hicks & Nichols

(Firm/Company)

P.O. Box 1111

(Address)

Columbus, MS 39703

(City/State and Zip code)

For further information concerning this matter, please call:

Tammy Smith

(Name of Person)

at ( 662 ) 243-7328

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing 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  
Division of Corporations

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06 DEC 11 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 1, 2006

JOHN W. CROWELL  
POST OFFICE BOX 1111  
COLUMBUS, MS 39703

SUBJECT: LOGISTA PUBLIC SECTOR, INC.  
Ref. Number: W06000052027

We have received your document for LOGISTA PUBLIC SECTOR, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of incorporation on the application must match the date on the certificate.

Please return the original and one copy of 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) 245-6973.

Claretha Golden  
Document Specialist  
New Filing Section

Letter Number: 506A00069140

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

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

2. Mississippi 3. 20-5857898  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 6, 2006 5. 99 years  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11449 Point Harbor Dr., West Point Dr., West Point, MS 39773  
(Principal office address)

John W. Crowell, P.O. Box 1111, Columbus, MS 39703  
(Current mailing address)

8. Computer & Office Machine & Software Store  
(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: CT Corporation

Office Address: 1200 South Pine Island Rd.

Plantation, Florida 33324  
(City) (Zip code)

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06 DEC 11 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.*

Barbara A. Burke

(Registered agent's signature)

Barbara A. Burke  
Special Assistant Secretary

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: Jessica Moore

Address: 11449 Point Harbor Drive

West Point, MS 39773

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Jessica Moore

Address: 11449 Point Harbor Dr.

West Point, MS 39773

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Jessica Moore

Address: 11449 Point Harbor Dr., West Point, MS 39773

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. Jessica Moore

(Signature of Director or Officer listed in number 12 of the application)

14. Jessica Moore, President

(Typed or printed name and capacity of person signing application)

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06 DEC 11 PM 14:55  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

# State of Mississippi

## Office of the Secretary of State

Eric Clark, Secretary of State  
Jackson, Mississippi

### CERTIFICATE

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 September 6, 2005, the State of Mississippi issued a Charter/Certificate of Authority to:

LOGISTA PUBLIC SECTOR, 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.



Given under my hand  
and seal of office  
November 24, 2006

*Eric Clark*

ERIC CLARK  
Secretary of State

FILED  
06 DEC 11 PM 4:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA