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PICK-UP WAIT MAIL
(Business Entity Name)
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#### **COVER LETTER**

	ew Filing Sec ivision of Co	rporations		
SUBJEC	T: THE	LOFTON ( ORDIRA	MON dba LOFT	ON STAFFING SUCS
		(Name of corpo	ration - must include suffix	)
Dear Sir o	or Madam:			
"Certifica	4 4	tion by Foreign Corporation ce," and check are submitted orida.		
Please ret	urn all corres	pondence concerning this ma	atter to the following:	
	EAH	H. VIATOR		
		(Ivaiii	e of Person)	
THE	LOFTO	N CORPORATION		
0		(Firm	/Company)	
9414	INTE	RLINE AVENUE NGE, LA 7080		
13	, D	·	Address)	
ATI	04 K01	46t, LA 1080	9	
		(City/St	ate and Zip code)	
For furthe	r information	concerning this matter, plea	se call:	
Brox	1 DETAIL	2-2	5,924-0201	)
VKM	Name of Pers	on) at (Ob	rea Code & Daytime Telep	hone Number)
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: <del>-</del>		JRIER ADDRESS:	MAILING A	
	ew Filing Sectivision of Co.		New Filing S Division of C	
C	lifton Buildin	g	P.O. Box 632	
	661 Executive allahassee, FI	e Center Circle 2 32301	Tallahassee,	FL 32314
Enclosed :	is a check for	the following amount:		
<b>\$</b> \$70.00	Filing Fee	□\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐\$87.50 Filing Fee, Certificate of Status &

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

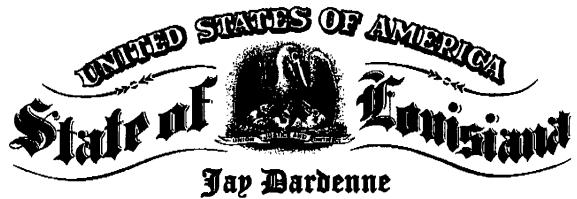
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transaction 2. LOUISIANA 3. 72-0859117	ing business in Florida)
(State or country under the law of which it is incorporated) (FEI number, if app	plicable)
4. APIZIL 30, 1979  5. PERPETUAL  (Duration: Year coip, will cease to	
<b>↓</b>	to exist or "perpetual")
6. <u>JUNE 30, 2009</u>	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability	lity)
7 9414 INTERLINE AVE BATON ROUGE, LA 70809	_
(Principal office address)	
9414 INTERLINE AVE BATON ROUGE LA 70809	<u> </u>
(Current mailing address)	
8. STAFFING EUPLOYMENT  (Purpose(s) of corporation authorized in home state or country to be carried out in state of FI	lorida)
	<b>11</b> 29
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	AR PR
Name: DART LOFTON	29 ASS
Office Address: 8500 HECKSCHER DRIVE	
() Ac yearly 1 = 5	[67] <b>F. O</b>
(City) (Zip code)	RIDA RIDA
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated designated in this application, I hereby accept the appointment as registered agent and agree	d corporation at the place

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: Address: \_\_\_ Vice Chairman: Address: Director: Address: Director: \_\_\_ Address: \_\_ B. OFFICERS President: 6 Address: INTERLINE AVE BATON KMGE 1 Treasurer: \_\_ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)



SECRETARY OF STATE

As Socretary of State of the State of Louisiana I do hereby Certify that

#### THE LOFTON CORPORATION

A corporation domiciled in BATON ROUGE, LOUISIANA,

Filed charter and qualified to do business in this State on April 20, 1979,

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

December 28, 2009

Web GSC



Certificate ID: 10032538#6DF40

To validate this certificate, visit the following web site, go to Commercial Division, Certificate Validation, then follow the instructions displayed.

www.sos.louislana.gov

Dale a. White

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