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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Eddinoss Enar, Namo) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| | New Filing Section Division of Corpo | | | | |
|---|---|--|--|--|--|
| SUBJE | CT: SLT, INC. I | DBA CROSS COUNTRY | SERVICES | | |
| SCHOL | | | ation - must include suffix | | |
| Dear Sir | or Madam: | | | | |
| "Certific | ate of Existence, | | for Authorization to Transa Standing" and check are sub siness in Florida. | | |
| Please re | turn all correspor | ndence concerning this ma | atter to the following: | | |
| STEVEN | I G TREES | | | | |
| | | Name | e of Person | | |
| SLT, INC | C. DBA CROSS (| COUNTRY SERVICES | | | |
| | | Firm/0 | Company | | |
| 10048 IF | RONWAY DRIVE | | | | |
| | | A | ddress | | |
| INDIANA | APOLIS IN 46239 | • | | | |
| | | City/Sta | te and Zip code | | |
| STEVE@ | CROSSCOUNT | RYSERVICES.COM | | 700 2 | |
| | | E-mail address: (to be us | ed for future annual report | | |
| For furthe | er information co | ncerning this matter, plea | se call: | WAR I | |
| STEVEN G TREES at (317 | | |) 850-4285 | T T | |
| 1 | Name of Person | Aı | rea Code & Daytime Teleph | one Number of 236 | |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | n rations enter Circle | MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | |
| Enclosed | is a check for the | following amount: | | | |
| 2 \$70.00 | Filing Fee C | \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy | ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy | |



March 10, 2010

STEVEN G TREES 10048 IRONWAY DRIVE INDIANAPOLIS, IN 46239

SUBJECT: SLT, INC. DBA CROSS COUNTRY SERVICES

Ref. Number: W10000012182

We have received your document for SLT, INC. DBA CROSS COUNTRY SERVICES and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return the corrected 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) 245-6062.

Letter Number: 510A00005979

Eula Peterson Regulatory Specialist II New Filing Section

Division of the property of th

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.

| ΓED,' | "COMPANY," "CORPORATIO | N," | | |
|--------|--|---|---|--|
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| name a | adopted for the purpose of transacting | ng busine | ss in Flo | rida) |
| _ 3. | 26-3407127 | | | |
|) | (FEI number, if app | licable) | | |
| 5. | PERPETUAL | | | |
| - | (Duration: Year corp. will cease to | exist or | "perpetu | ual") |
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| 07.15 | 02, F.S., to determine penalty habili | ty) | | |
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| or cot | untry to be carried out in state of Flo | ritta) | | |
| (P.O. | Box NOT acceptable) | AHA: | MAR | *************************************** |
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| | Florida 33810 | | ? 3 | |
| | (Zip code) | > in | õ | |
| | address addres | aame adopted for the purpose of transacting 3. 26-3407127 (FEI number, if app 5. PERPETUAL (Duration: Year corp. will cease to ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability address) address) or country to be carried out in state of Florida (P.O. Box NOT acceptable) , Florida 33810 | (FEI number, if applicable) 5. PERPETUAL (Duration: Year corp. will cease to exist or ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability) address) or country to be carried out in state of Florida (P.O. Box NOT acceptable) | ame adopted for the purpose of transacting business in Florage 26-3407127 (FEI number, if applicable) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetutes in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability) address) or country to be carried out in state of Florida 33810 (P.O. Box NOT acceptable) |

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.

(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.

| A. DIRECTORS | | |
|--|--|--|
| Chairman: | | |
| Address: | | |
| | | |
| Vice Chairman: | | |
| Address: | | |
| | | |
| Director: | | |
| Address: | | |
| | | |
| Director: | | |
| Address: | | |
| - Addi 033. | , | |
| B. OFFICERS President: STEVEN G TREES | | |
| Address: 10048 IRONWAY DRIVE | 77.55 22 | |
| INDIANAPOLIS IN 46239 | O MAR | |
| Vice President: JERRY W TREES | SS - 1 | |
| INDIANAPOLIS IN 46229 | ma o m | |
| INDIANAPOLIS IN 46229 | STATE OF THE PERSON OF THE PER | |
| Secretary: JUDITH L TREES | | |
| Address: 10048 IRONWAY DR, INDIANAPOLIS IN 46239 | | |
| | | |
| reasurer: JUDITH L TREES | | |
| Address: 10048 IRONWAY DR, INDIANAPOLIS IN 46239 | | |
| NOTE: If necessary, you may attach an addendum to the application listing additional | al officers and/or directors. | |
| 3. (Signature of Director or Officer listed in number 12 of the appl | lication) | |
| Store O Tack "Bank | noanon; | |
| (Typed or printed name and capacity of person signing applications) | ation) | |

12. Names and business addresses of officers and/or directors:

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

SLT INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on October 01, 2008, and was in existence or authorized to transact business in the State of Indiana on March 01, 2010.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this First Day of March, 2010.

Oosh Copula

TODD ROKITA, Secretary of State

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