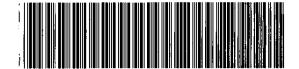
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(Requestor's Name)				
(Address)				
(Address)				
,				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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DIVISION OF CORPORATION

Ps 7/19/1/

GILCHRIST SUMRALL YODER & BOONE, PLLC

ATTORNEYS AT LAW

SUITE 400, TRUSTMARK NATIONAL BANK BUILDING

415 NORTH MAGNOLIA STREET

LAUREL, MISSISSIPPI 39440

STEWART J. GILCHRIST WILLIAM W. SUMRALL RICHARD L. YODER DOUGLAS S. BOONE RANDY P. LAIRD RICHARD LEWIS YODER, JR. PARKER F. LEGGETT MAILING ADDRESS POST OFFICE BOX 108 LAUREL, MISSISSIPPI 39441-0108

> TELEPHONE (601) 649-3351 FACSIMILE (601) 426-9625

July 13, 2011

Florida Secretary Of State New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE.

4-D Solutions, Inc., Application by Foreign Corporation for Authorization to

Transact Business in Florida

Dear Sirs:

Please find enclosed the cover letter, application and certificate from the State of Mississippi as well as \$87.50 for filing fee, certificate of status and certified copy.

Please handle accordingly in issuing the documents authorizing 4-D Solutions, Inc. to transact business in the State of Florida.

If you need anything further, please do not hesitate to contact us. With kindest

regards, I am

Randy P. Laird

ély yours,

ts

Enclosures

COVER LETTER

TO: New Filing Division of	Section Corporations			
SUBJECT: 4-	D Solutions, Inc.			
	Name of corporation	on - must include suffix		
Dear Sir or Madam	:			
"Certificate of Exis	lication by Foreign Corporation for tence," or "Certificate of Good Storeign corporation to transact busing	anding" and check are submi	Business in Florida," tted to register the	
Please return all co	rrespondence concerning this matt	ter to the following:		
Randy P. La	ird	,		
	Name o	of Person		
Gilchrist S	umrall Yoder & Boone, PI	TC ,		
	Firm/Co	ompany		
P.O. Box 106, 415 N. Magnolia Street				
	Ad	dress		
Laurel, MS	39331			
	City/State	and Zip code		
rpl@laurell	aw.com			
	E-mail address: (to be use	d for future annual report not	cification)	
For further informa	tion concerning this matter, pleas	e call:		
Randy P. Laird at (601) 649-3351				
Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Tallahassee, FL 32301 Enclosed is a check for the following amount:		ion porations		
\$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



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.

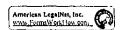
	ions, Inc.				
(Enter name of co	orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp," "Inc," "Co," or "Corp.")				
N/A	able in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida				
(II name unavaila	able in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida	1)			
2. <u>Mississip</u>	3. <u>26</u> =2665087				
(State or country	under the law of which it is incorporated) (FEI number, if applicable)				
4. <u>5/28/08</u>	5. perpectual	_			
(Date	of incorporation) 5. perpectual (Duration: Year corp. will cease to exist or "perpetual")			
6. <u>N/A</u>					
	(Date first transacted business in Florida, if prior to registration)	_			
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)				
7. 523 East 1	Hickory Street, Ellisville, MS 39437	_			
(Principal office address)					
Same					
(Current mailing address)					
3. Storm Logi	Istics and Recovery		무		
			ASEC ASS		
Name and stree	et address of Florida registered agent: (P.O. Box NOT acceptable)	JUL 18	是常		
7. Ivanic and succ	address of Plotida registered agent. (P.O. Box 1901 acceptable)	~	무물끝		
Name:	CT Corporation System		37°		
Office Address:	1200 S Pine Island Rd	PH 3	ORPORATIONS		
	Plantation , Florida 33324	3: 48	E SE		
	(City) (Zip code)	ဘ	NS.		
	,				

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.

Kimberly Breunling
Assistant Secretary
(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:	•
A. DIRECTORS	;
Chairman:	
Address:	+
Vice Chairman:	
Address:	· ·
Director:	
Address:	
	/
Director:	•
Address:	•
B. OFFICERS	1 1
President: Danny Shows	· · · · · · · · · · · · · · · · · · ·
Address: 523 East Hickory Street	·
_Ellisvile, MS 39437	1 Vise
Address: 523 East Hickory Street	
Ellisville, MS 39437	
Secretary: Darlene Shows	4 6
Address: _523 East Hickory Street, Ellisville,	MS 39437
Treasurer: Darlene Shows	/
Address: _523 East Hickory Street, Ellisville,	MS 39437
NOTE: If necessary, you may attach an addendum to the appli	cation listing additional officers and/or directors.
13. Samy Jun	
Signature of Director The officer or director signing this document (and who is listed are true and that he or she is aware that false information submit third degree felony as provided for in s.817.155, F.S.	in number 12 above) affirms that the facts stated herein tted in a document to the Department of State constitutes a
14. DANNY R	f person signing application)
fixhed or burned name and capacity of	r betzou zigintik abbucarioti)



State of Mississippi

Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMANN, JR., 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 May 28, 2008, the State of Mississippi issued a Charter/Certificate of Authority to:

4-D SOLUTIONS, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is perpetual.

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.

SECOND SE

Given under my hand and seal of office June 30, 2011

let Hosemann, de

C. Delbert Hosemann, Jr. Secretary of State

Certification Number: 12506773-1 Page 1 of 1 Reference: Verify this certificate online at https://business.sos.state.ms.us/corp/soskb/verify.asp