O O O O O O State Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000228189 3)))



H120002281893ABC0

····		generate another cover sh		
To:				注照
10,	Division of Corporations			
	Fax Number	: (850)617-6381		
From:				**************************************
	Account Name	: CORPORATE ACCESS,	INC.	
	Account Number	: FCA00000011		
	Phone	: (850)222-2666		fai.
	Fax Number	: (850)222-1666		

annual report mailings. Enter only one email address please.**

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION FESS, INC.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$87.50

12 SEP 17 PH 1: 05
SECRETARY OF STATE
TALLARMS SEE: PHOSPIRE

Electronic Filing Menu

Corporate Filing Menu

Help 8-12

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

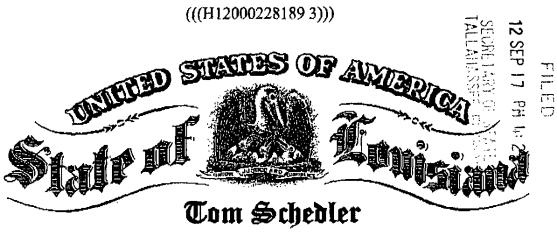
IN COMPLIANC	E WITH SECTION 607.1503, FLORIDA	S	TATUTES, THE FOLLOWING IS SUBMITT	ED TO	
REGISTER A FO	REIGN CORPORATION TO TRANSAC	X)	BUSINESS IN THE STATE OF FLORIDA.	골	12
1. FESS, Inc.					SEP
(Euter name of o	corporation; must include "INCORPORATE	ED,	* "COMPANY," "CORPORATION,"	\$7 II	' '
"Inc.," "Co.," "C	Corp," "Inc," "Co," or "Corp.")			2	
				11 (· <	
				-	
(If name unavai	lable in Florida, enter alternate corporate nar	me	adopted for the purpose of transacting business i	n Florida)	Į.
2 Louisiana		3.		12.5	25
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)		۱نی
4. August 11,	2000	5.	Perpetual		
	of incorporation)		(Duration: Year corp. will coase to exist or "pe	rpetual")	
ĸ			•		٠
	(Date first transacted busines	S I	n Florida, if prior to registration)	· ·	•
	(SEE SECTIONS 607.1501 & 607		502, F.S., to determine penalty liability)		
, 120 Westel	hester Place				
	(Principal office a	ĸJd	rces)		٠.
Slidell, LA	70458				
	(Current mailing a	ďd	ress)		
_{s.} Staffing co	rmpany				
(Purpose(s	s) of perpenation authorized in home state or	cc	nuntry to be carried out in state of Florida)	_ -	
Name and give	et address of Florida registered agent: (P	P.C). Box <u>NOT acceptable</u>)	•	•
Name:	Paracorp Incorporated				
) turne:					
Office Address:	236 East, 6th Ave				
`,	Tallahassee		Florida 32303		
	(City)		(Zip code)		
		,	•		
	gen('s acceptance:		an of annual for the chose statut annual a		
			ce of process for the above stated corporation tent as registered agent and agree to act in t		
			lative to the proper and complete performa		
	with and accept the obligations of my p				, '
	•				
	/ N/				
9,	de l W/W/2 B	idı	ward Nover Asst. Secretary		
-	(Registered agent's signature				•

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.

1). Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

(((H120002281893)))

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Cheirman;	
Address:	
	ALL SECTION
Vice Chairman:	SEP SEP
Address;	<u> </u>
	<u> </u>
Director: Tammy Bauer	- 27 <u>- 5</u>
Address: 120 Westchester Place	·- 12
Slidell, LA 70458	
Director: Phylis Sabel	
Address: 120 Westchester Place	
Slidell, LA 70458	
B. OFFICERS	
President: Paul Marsh	
406 Malaria Lana	
Mandeville I A 70448	
Rohym Marsh	
Address: 125 Wisteria Lane	
Mandeville I A 70448	
ecretary: Carolyn O'Donnell	
ressurer: 125 Wisteria Lane, Mandeville, LA 70448 ressurer: Carolyn O'Donnell	
reasurer: 125 Wisteria Lane, Mandeville, LA 70448	
OTE: Thecessary, you may attach an addendum to the application listing additional officers.	and/or directors.
3. Share Simulation	
Signature of Director or Officer he officer or director signing this document (and who is listed in number 12 above) affirms that the true and that he or she is awate that false information submitted in a document to the Department degree felony as provided for in s.817.155, F.S.	t the facts stated heroin nent of State constitutes a
Phylis Sabel Manager	



SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

FESS, INC.

A corporation domiciled in MANDEVILLE, LOUISIANA,

Filed charter and qualified to do business in this State on August 11, 2000,

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.

Scartary of State

September 14, 2012

Certificate ID: 10307136#DFG62

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

www.sos.louisiana.gov

Web 349753620

Page 1 of 1 on 9/14/2012 12:22:04 PM

(((H120002281893)))