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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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15 AUG 17 AM 11:55  
SECRETARY OF STATE  
MILWAUKEE, WI 53233

AUG 19 2015

S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
BEST NATIONAL SERVICES INC

**SUBJECT:** \_\_\_\_\_  
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," or "Certificate of Good Standing" 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:  
SEYEDREZA HOSSEINIARANI

Name of Person	FILED 15 AUG 17 11:55 SECRETARY OF STATE TALLAHASSEE, FL
BEST NATIONAL SERVICES dba LATIN LABOR STAFFING	
Firm/Company	
4917 SOUTH BLVD	
Address	
CHARLOTTE, NC. 28217	
City/State and Zip code	
RHOSSEINI@LATINLABOR.NET	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

RAY HOSSEINI	678	313-6117
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration 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

**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.*

BEST NATIONAL SERVICES INC.

1. \_\_\_\_\_  
(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)  
NORTH CAROLINA, MCKLENBURG COUNTY 41-2180930

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
8/2005

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7226 Atlantic Blvd, Jacksonville, FL 32211

7. \_\_\_\_\_  
(Principal office address)

4917 South Blvd, Charlotte, NC 28217

\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)


Name: Ray Hosseini

Office Address: 7226 Atlantic Blvd

Jacksonville 32211  
\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip code)

9. 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)

10. 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.

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TALLAHASSEE FLORIDA  
DEPARTMENT OF STATE

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

**A. DIRECTORS**

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

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

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

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

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

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

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

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

**B. OFFICERS**

Oscar Covarrubias

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

9403 Willow Tree Lane

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

Charlotte, NC. 28277

Seyedreza Hosseiniarani

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

10600 Haynes Forest Dr

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

Alpharetta, GA. 30022

Seyedreza Hosseiniarani

Secretary: \_\_\_\_\_

10600 Haynes Forest dr, Alpharetta, GA. 30022

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

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

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

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

12. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SEYEDREZA HOSSEINIARANI, Vice president and CFO

13. \_\_\_\_\_

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

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15 AUG 17 AM 11:55  
CLERK OF STATE  
TALLAHASSEE FLORIDA