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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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2018 APR -3 P 12: 20

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: CLARK PERSONNEL, INC
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:
Bob Alston Name of Person
ClArk Pensonnel, Inc Firm/Company
Firm/Company (7)
1180 Montlinga Drive
Address 50 150
_ Mobile AL 36609 € 8
City/State and Zip code
bob & clark per so wel. com Email address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bob Alstar at (251) 471. 6777 Name of Person Area Code Daytime Telephone Number
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 \$□ \$78.75 Filing Fee \$□ \$87.50 Filing Fee, Certificate of Status \$□ Certified Copy □ Certified Copy

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

(If name unavailable		adopted for the purpose of transacting business in F	lorida):
(State or country un	der the law of which it is incorporated)	(FEI number, if applicable)	
		(Date of duration, if other than perpetual)	
	•		}
6	June 1, 20 (Date first transacted hydrogen in	/ 8 Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.15	602, F.S., to determine penalty liability)	
7. 1180 M		Mobile AL 3660-9 pal office address)	
8. Name and street ac	(Current mailing (Curre	ng address, if different)	
	Business Filings In	ocorporated 25	ラ 2
Name: _			Ö
-	200 South Pine Isl	(And Kell	
Office Address:	Plantation (City)		

(Registered agent's signature)

10. Attached is a certificate of existence duly authentibated, 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.

√.11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: Address: _ Director: Address: Director: Address: **B. OFFICERS** President: 36609 Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer of 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

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

a third degree felony as provided for in s.817.155, F.S.

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Clark Personnel, Inc. was formed in Mobile County, Alabama on December 23, 2005. The Alabama Entity Identification number for this entity is 244-868. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20180330000034340

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

03/30/2018

Date

X.W. Muill

John H. Merrill

Secretary of State

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

•		-	ted for the purpose of transacting bu	siness in Florida);
2. AlAbAmA 3. 20 3983406 (State or country under the law of which it is incorporated) (FEI number, if applic			able)	
12	123/2005	ž.		
. 12/23/2005 5			(Date of duration, if other than perpetual)	
	Jime 1.	2018	ida, if prior to registration)	
	(Date first transacted but (SEE SECTIONS 607.1501 &	siness in Flor 2 607.1502, 1	rida, if prior to registration) 3.S., to determine penalty liability)	
1180	Montlimm Daive			109
11100	THUTTHING PHOLVE	(Principal of	fice address)	<i></i>
	(Currer	nt mailing ad	dress, if different)	4
Name and stre	et address of Florida registered ager	nt: (P,Ò. Bo	x NOT acceptable)	AHA
Name:	Business Filings	. Inc	orporated	ONE !
ffice Address:	1200 South Pine	Iclan	D. P. D.	ine i
ilice Address:				<u>~</u> ∺i 7
	Plantotion (City)		, Florida 33321	100 F
	(City)		(Zip code)	T. T. C.

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.

· 11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: _ Address: Vice Chairman: Address: __ Director: _ Director: _ Address: **B. OFFICERS** President: Vice President: _ Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer of 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. Robert Alston

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

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

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WILLIAM PR -3 P 12: 20



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03/30/2018

Date

X 74. Menill

John H. Merrill

Secretary of State