

F18000002190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

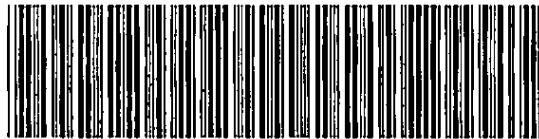
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Cent. Sign w/18-34097

Office Use Only



200311355002

04/09/18--01020--023 **78.75

FILED
18 MAY -9 PM 3:00
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2018

CYNTHIA COX
6325 DIGITAL WAY, STE 100
INDIANAPOLIS, IN 46278

SUBJECT: DIVERSE STAFFING MISSISSIPPI, INC.
Ref. Number: W18000034097

We have received your document for DIVERSE STAFFING MISSISSIPPI, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 118A00007329

RECEIVED

2018 MAY -9 AM 11:44

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Diverse Staffing Mississippi, 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:

Cynthia A. Cox

Name of Person

Diverse Staffing Mississippi, Inc.

Firm/Company

6325 Digital Way, Suite 100

Address

Indianapolis, Indiana, 46278

City/State and Zip code

ccox@diversestaffing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia A Cox

317

8138000x4115

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.*

Diverse Staffing Mississippi, 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)

2. Indiana 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/26/2018 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 2/19/2018
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6325 Digital Way, Suite 100, Indianapolis, Indiana, 46278
(Principal office address)

(Current mailing address, if different)

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

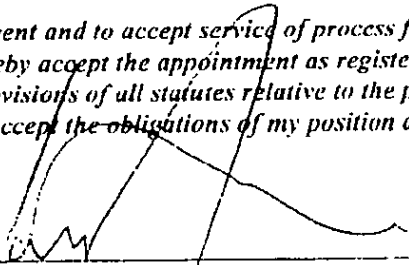
Name: Faber Calvo

Office Address: 6406 NW 186th Street

Miami, Florida 33015
(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.

FILED
18 MAY -9 PM 3:00
CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA

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

A. DIRECTORS

Chairman: Clyde D. Harris

Address: 6325 Digital Way, Suite 100, Indianapolis, Indiana, 46278

Vice Chairman: George D. Apgar

Address: 6325 Digital Way, Suite 100, Indianapolis, Indiana, 46278

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Clyde D. Harris

Address: 6325 Digital Way, Suite 100, Indianapolis, Indiana, 46278

Vice President: George D. Apgar

Address: 6325 Digital Way, Suite 100, Indianapolis, Indiana, 46278

Secretary: George D. Apgar

Address: 6325 Digital Way, Suite 100, Indianapolis, Indiana, 46278

Treasurer: George D. Apgar

Address: 6325 Digital Way, Suite 100, Indianapolis, Indiana, 46278

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. 17.1-55, F.S.

13. Clyde Harris - President

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

FILED
18 MAY - 9 PM 3:00
CLERK OF SUPERIOR COURT
INDIANAPOLIS, INDIANA

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, 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 the proper official to execute this certificate.

I further certify that records of this office disclose that

DIVERSE STAFFING MISSISSIPPI, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 26, 2018, and was in existence or authorized to transact business in the State of Indiana on March 28, 2018.

I further certify this Domestic For-Profit 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. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 28, 2018

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201803261248876 / 2018573175

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on April 27, 2018.

A quien vienen estos regalos, saludo:

Yo, Connie Lawson, Secretaria de Estado de Indiana, por la presente certifico que, en virtud de las leyes del estado de Indiana, soy el custodio de los registros corporativos y el funcionario adecuado para ejecutar el certificado.

Certifico además que los registros de esta oficina revelan que Diverse Staffing Mississippi, Inc. debidamente presentó los documentos requeridos para comenzar actividades comerciales bajo las leyes del estado de Indiana el 26 de marzo de 2018, y que existía o estaba autorizada para realizar transacciones comerciales en el Estado de Indiana el 28 de marzo de 2018.

Además, certifico que esta Corporación Nacional de Ganancias ha presentado su informe más reciente requerido por la ley de Indiana con el Secretario de Estado, o aún no está obligado a presentar dicho informe, y que no se ha presentado ningún aviso de retiro, disolución o vencimiento o lugar tomado. Todos los honorarios, impuestos, intereses y sanciones adeudadas a Indiana por la entidad nacional o extranjera y recaudados por el Secretario de Estado han sido pagados.

En testimonio de lo cual, he hecho que se coloque mi firma y el sello del Estado de Indiana, en la ciudad de Indianápolis, el 28 de marzo de 2018.

Connie Lawson

Secretario de Estado

Translated by: Martha Rozotto

Martha Rozotto 4/20/18

4/20/2018

Notorized by / date:

L. Pigeella

4/24/2018

