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19542080845 From: Ranae McGra

Florida Department of State
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FOREIGN PROFIT/NONPROFIT CORPORATION
Wise Staffing Services, Inc.

Certificate of Status	0
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FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Ranae McGraw
DATE	2018-06-01 16:57:51 CST
RE	Wise Staffing Services, Inc.

COVER MESSAGE

Seth Crose
Associate Fulfillment Specialist
Fulfillment Operations
CT Corporation

Team (614) 280-3338
GlobalFulfillmentTeam@wolterskluwer.com

**Wolters Kluwer**

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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.

1. Wise Staffing Services, Inc.
(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. Mississippi 3. 64-0863713
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7/19/95 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)

7. 432 Magazine St Tupelo MS 38804
(Principal office address)

SAME
(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System

By: Michael Seraphin Michael Seraphin Asst. Secretary
(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.

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

A. DIRECTORS

Chairman: Milt CleggAddress: 432 Magazine StTupelo MS 38804Vice Chairman: Patricia PannellAddress: 432 Magazine StTupelo MS 38804

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Milt CleggAddress: 432 Magazine StTupelo MS 38804Vice President: Patricia PannellAddress: 432 Magazine StTupelo MS 38804

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. Patricia Pannell - Vice President

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.

13. Patricia Pannell - Vice President

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



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 19th day of July, 1995, the State of Mississippi issued a Charter/ Certificate of Authority to:

WISE STAFFING SERVICES, 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.

That insofar as the records of this office are concerned, the said WISE STAFFING SERVICES, INC. is in good standing at this time.

Given under my hand and seal of office
the 30th day of May, 2018

A handwritten signature in cursive script that reads "C. Delbert Hosemann, Jr." is written over a horizontal line.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN18052605

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>