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DIVISION OF CORPORATION

C T CORPORATION SYSTEM
Requestor's Name
1311 Executive Center Drive, Ste. 200
Address
Tallahassee, Fla. 32301 (904) 634-1190
City State Zip Phone

400001452284
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*****70.00 *****70.00

CORPORATION(S) NAME

ATS, Inc.

ch-r

ATS, Inc. of Mississippi

☒ From
☐ NonFrom

☐ Amendment

☒ Foreign

☐ Dissolution/Withdrawal

☐ Limited Partnership
☐ Nonstatement

☐ Annual Report
☐ Reservation

☐ Certified Copy

☐ Photo Copies

☐ Call When Ready
☒ Walk In
☐ Mail Out

☐ Call if Problem
☐ Will Wait

95 APR 10 12:36
SECRETARY OF
DIVISION OF CORPORATION

☒ Mark
☐ Other
☐ Change of N.A.
☐ Fictitious Name
☐ CUB / o/s
☐ After 4:30
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Name
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Verified
Acknowledgment
W.P. Verified

3:00
4-10-95

PLEASE RETURN EXTRA COPY(S)
FILE SIGNED

CERTIFIED COPY OF RESOLUTION

**CORPORATION ADOPTING A FICTITIOUS NAME FOR USE
IN THE STATE OF FLORIDA**

I, THE UNDERSIGNED Samuel L. Ware, DO HEREBY
CERTIFY THAT THE FOLLOWING IS A TRUE, COMPLETE AND CORRECT COPY OF A
CERTAIN RESOLUTION OF THE BOARD OF DIRECTORS OF ATS, Inc., A
CORPORATION DULY ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF
Mississippi, WHICH RESOLUTION WAS DULY ADOPTED AT A DULY
CALLED MEETING OF THE SAID BOARD, HELD ON April 1 1995 FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
APR 10 2 12 36 PM '95
QUORUM BEING PRESENT, AND IS SET FORTH IN THE MINUTES OF THE SAID MEETING;
THAT I AM THE KEEPER OF THE CORPORATE SEAL AND OF THE MINUTES AND RECORDS
OF THIS CORPORATION; AND THAT THE SAID RESOLUTION HAS NOT BEEN RESCINDED
OR MODIFIED:

"RESOLVED THAT ATS, Inc.
ORGANIZED AND EXISTING IN THE STATE OF Mississippi,
HEREBY ADOPTS THE NAME ATS, Inc. of Mississippi
FOR USE IN THE STATE OF FLORIDA FOR ALL PURPOSES; AND
FURTHER RESOLVED THAT THE OFFICERS OF THE CORPORATION
ARE AUTHORIZED AND DIRECTED TO TAKE ALL STEPS THAT THEY
DEEM NECESSARY AND APPROPRIATE TO QUALIFY THE CORPORATION
TO DO BUSINESS WITHIN THE STATE OF FLORIDA UNDER THE NAME
OF ATS, Inc. of Mississippi; AND
RESOLVED FURTHER THAT ALL ACTIVITIES AND BUSINESS OF THE
CORPORATION WITHIN THE STATE OF FLORIDA SHALL BE CARRIED
OUT UNDER THE NAME ATS, Inc. of Mississippi
."

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY NAME AND AFFIXED
THE SEAL OF THE SAID CORPORATION, ON THIS THE 6th DAY OF
April 19 95.



**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. ATS, INC.
(Name of corporation: must include the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Mississippi
(State or country under the law of which it is incorporated)

3. September 22, 1989
(Date of incorporation)

4. Perpetual
(Duration)

5. _____
Applied For
(Federal Employer Identification number, if applicable)

6. Upon Qualification
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 9503 Lamar Avenue, P.O. Box 36, Olive Branch, Mississippi 38654
(Current mailing address)

8. Personnel Leasing
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and street addresses of officers and or directors:

A. Directors:

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Samuel L. Ware

Address: 9503 Lamar Avenue, P.O. Box 36

Olive Branch, Mississippi 38654

Director: _____

Address: _____

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DIVISION OF CORPORATIONS
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B. Officers:

President: Samuel L. Ware

Address: 9503 Lamar Avenue, P.O. Box 36
Olive Branch, Mississippi 38654

Vice President: _____

Address: _____

Secretary: Samuel L. Ware

Address: 9503 Lamar Avenue, P.O. Box 36
Olive Branch, Mississippi 38654

Treasurer: Samuel L. Ware

Address: 9503 Lamar Avenue, P.O. Box 36
Olive Branch, Mississippi 38654

(if needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: C Corporation System

Office Address: c/o C Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324

Zip Code

11. 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: _____

(Officer)

J. L. Miles, Asst. Secretary

(Typed Name and Title of Officer)

12. 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.

13. Samuel L. Ware
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Samuel L. Ware, President

(Name and capacity of person signing application)

State of Mississippi

Office of the Secretary of State

Dick Molpus, Secretary of State
Jackson, Mississippi

CERTIFICATE OF EXISTENCE/AUTHORITY

I, DICK MOLPUS, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records required by the laws of Mississippi, to be filed in my office do hereby certify:

That on September 22, 1989 the state of Mississippi issued a Charter/Certificate of Authority to:

ATS, INC.

That the state of incorporation is MISSISSIPPI.

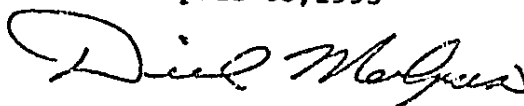
That the period of duration is Perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

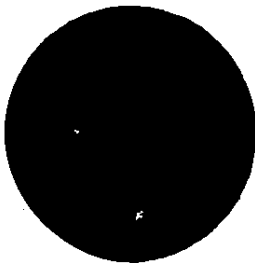
That according to the records of this office, a current Annual REPORT HAS BEEN DELIVERED TO THE SECRETARY OF STATE'S OFFICE.

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.

Given under my hand
and seal of office
April 03, 1995



DICK MOLPUS
Secretary of State



SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 1995
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