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TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

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SUBJECT: PRO COPY OF LOUISIANA, INCORPORATED (Name of corporation - must include suffix)			
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for Authorization to T Florida", "Certificate of Existence", and check are submitted to register t foreign corporation to transact business in Florida.	ransact he above	Busii a rofe	ness in renced
Please return all correspondence concerning this matter to the following:			
ALAN FERGUSON (Name of Person) PRO_COPY_OF_LOUISIANA, INC. (Firm/Company) 1100-T_24th_Street (Address) Kenner, LA_70062 (City, State and Zip Code)		95 JUN 27 F1 8: 32	BINIST CONTRACTOR ASSESSMENT OF STATE O
Should you need to call someone concerning this matter, please call: ALAN FERGISON at (504) 464-7200 . (Name of Person) Area Code & Daytime Telephone Number			

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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:

(Name of corporation; must include the word "NCORPORATED", "COMPANY", "CORPORATION" or words of a physician of like impact in language as will clearly indicate that it is a corporation instead of a physical post-	_
1. PRO COPY OF LOUISIANA, INCORPORATED (Name of corporation: must include the word "NCORPORATED", "COMPANY", "CORPORATION" or words or abbroviations 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.)	on
2. LOUISIANA 3. 59-3232536 (State or country under the law of which it is incorporated) (FEI number, if applicable)	_
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 6/10/94 5. PERPETUAL (Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")	_
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6. Explicit. 8/1/95 (Date first transacted business in Florida. (See sections 007.1501, 007.1502, and 817.155, F.S.)	
(Date first transacted business in Florida, (See sections 607,1501, 607,1502, and 817,155, F.S.)	r(3)
7. PRO COPY OF LOUISTANA, INC.: 1100-T 24th STREET	, u
KENNER, La 70062 (Current mailing address)	• •
(Contain maining adoress) -1	
:	
8. TO SEND AND RECEIVE MAIL FROM LOUISIANA CORPORATION	
8. TO SEND AND RECEIVE MAIL FROM LOUISTANA CORPORATION (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	•
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9. Name and street address of Florida registered agent:	
9. Name and street address of Florida registered agent: Name: ALAN FERGUSON Office Address: 5898 Jet Port Industrial Blvd.	
9. Name and street address of Florida registered agent: Name: ALAN FERGUSON Office Address: 5898 Jet Port Industrial Blvd. TAMPA , Florida ,33634	- · · · · · · · · · · · · · · · · · · ·
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9. Name and street address of Florida registered agent: Name: ALAN FERGUSON Office Address: 5898 Jet Port Industrial Blvd. TAMPA , Florida ,33634 (Zip Code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above state corporation at the place designated in this application, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provision of all statutes relative to the proper and complete performance of my duties, and I am family	as ns
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11. 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.

Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) 12. DIRECTORS (Street address only- P. O . Box NOT acceptable) A. Chairman: __ALAN_FERGUSON__ _1100-T 24th Street Address: Kenner, LA 70062 Vice Chairman: SAME Address: _____ Director: ____SAME Address: Director: SAME Address: _____ B.OFFICERS(Street address only- P. O. Box NOT acceptable) President: ____ALAN_FERGUSON Address: 1100-T 24th STREET KENNER, LA 70062 Vice President: SAME_____ Address: _____ Secretary: SAME Address: Treasurer: ___SAME__ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ALAN FERGUSON, PRESIDENT
(Typed or printed name and capacity of person signing application)



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. As Tecretary of State, of the State of Louisiana, I do hereby Certify that
PRO COPY OF LOUISIANA, INCORPORATED

A Louisiana corporation domiciled at Kenner,

Filed charter and qualified to do business in this State on December 7, 1994,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

1 further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto solmy hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

June 14, 1995

MWA Secretary of State

