	on/Tax Lien Section f Corporations		55 57 57 57 57 57 57 57 57 57 57 57 57 5		
SUBJECT:	JORDAN TEMPORARIES INC				
	(Name of corporation - mu	st include suffix)			
Dear Sir or Madar	n;		8000001566458 -08/22/9501096012 ****700.00 ****700.00		
The enclosed "App Florida", "Certifica foreign corporation	olication by Foreign Corporation fo ate of Existence", and check are sul n to transact business in Florida.	r Authorization to Tra mitted to register the	nsact Business in above referenced		
Please return all co	rrespondence concerning this matt	er to the following:			
	RICKA L. TANKERSLEY, CONTRO		;-15909 S M		
<u> </u>	JORDAN TEMPORARIES INC				
	(Firm/Compa	y)			
	P O BOX 409		හ <u>ි</u> වැට		
	(Address)				
	IORROW GA 30260		W8/21		
(City/State/Zip)					
·	call someone concerning this matt	•			
	NKERSLEY, CONTROLLER	_ at ( 404 )	960-8166		
(Nam	e of Person)	(Area Code & Dayti	me Telephone Number)		

### **COURIER ADDRESS:**

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

### **MAILING ADDRESS:**

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



### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 8, 1995

RICKA L. TANKERSLEY, CONTROLLER JORDAN TEMPORARIES, INC. PO BOX 409 MORROW, GA 30260

SUBJECT: JORDAN TEMPORARIES, INC.

Ref. Number: W95000015909

We have received your document for JORDAN TEMPORARIES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, requires this office to collect a \$500 penalty fee for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$700.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business or conducting affairs in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business or conducting its affairs in Florida prior to the year the application was submitted did not constitute transacting business or conducting affairs pursuant to section 607.1501 or 617.1501, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers Document Examiner

Letter Number: 095A00037108

# 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 "INCORPOR abbreviations of like import in language as will clearly indiperson or partnership if not so contained in the name at pre-	RATED", "Co cate that it is esent.)	OMPANY", "CORPOR a corporation instead o	ATION" or words	apr Militian
2. GEORGIA	3	58-2013217 (FEI number, i	Fa	
(State or country under the law of which it is incorporated)		(FEI number, i	f applicable)	
4. AUGUST 18, 1992 (Date of Incorporation)	5,		- Persit	ist
	(Duration	: Year corp. will cease	to exist or "perpet	<u>ial")                                    </u>
6. O1/07/94 (Date first transacted business in Florida. (SEE SECTION				63
(Date first transacted business in Florida. (SEE SECTION	is 607.1501, 6	507.1502, AND 817.155	5, F.S.)	
7. P O BOX 409				
MORROW GA 30260				
(Current mailir	ng address)			
8. TEMPORARY SERVICE			<del> </del>	
8. TEMPORARY SERVICE (Purpose(s) of corporation authorized in home state or countr Florida)	ry to be carrie	d out in the state of	<u>.                                    </u>	
(Purpose(s) of corporation authorized in home state or country			rop Box <u>NOT</u>	
(Purpose(s) of corporation authorized in home state or countr Florida)  9. Name and street address of Florida registered	agent: (P		rop Box <u>NOT</u>	
(Purpose(s) of corporation authorized in home state or countrible Florida)  9. Name and street address of Florida registered acceptable)	agent: (P		rop Box <u>NOT</u>	
(Purpose(s) of corporation authorized in home state or country Florida)  9. Name and street address of Florida registered acceptable)  Name: C T CORPORATION  Office Address: 1200 S PINE ISLAND ROAD	agent: (P	O. Box or Mail D	•	
(Purpose(s) of corporation authorized in home state or countries florida)  9. Name and street address of Florida registered acceptable)  Name: C T CORPORATION	agent: (P	O. Box or Mail D	•	

12. Names and addresses of officers and/or directors: (Street address ONLY-P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O . Box NOT acceptable)

Chairman: _	ANGELYN C ELLERBEE
	710 EAGLE DRIVE MONTICELLO, GA 31064
	nan:
Director:	
B. OFFICE	RS (Street address only- P. O. Box NOT acceptable)
	JENNIFER A JORDAN
	475 BUCKHEAD AVE NE APT 2305
	ATLANTA, GA 30305
Vice Presider	it:
Treasurer:	
NOTE: If ne officers and/or	cessary, you may attach an addendum to the application listing additional r directors.
13. (Sign	active of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14ANGELY	N C ELLERBEE, CEO (Typed or printed name and capacity of person signing application)
	(1) ped of printed name and capacity of person signing application)

## Becretary of State Business Information and Services Suite 315, West Tower 2 Martin Author King Dr. Dr. Atlanta, Georgia 30334-1530

DOCKET NUMBER :	952050701
CONTROL NUMBER :	9216356
DATE INC/AUTH/FILED:	08/18/1992
JURISDICTION :	GEORGIA
PRINT DATE :	07/24/1995
FORM NUMBER :	211

RICKA TANKERSLEY P 0 BOX 409 MORROW GA 30260 85 FC AC 1 C MIT 55 MORNICO CO COMOSINIO BINES EO AMERICAS

### CERTIFICATE OF EXISTENCE

I, MAX CLELAND, Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### JORDAN TEMPORARIES, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

MAX CLELAND

SECRETARY OF STATE

