

(Name of corporation - must i	nciude suriix)	
Dear Sir or Madam:		OOOD20421 00 -12/31/3601052014 ****122.50 *****122.50
The enclosed "Application by Foreign Corporation for A Florida", "Certificate of Existence", and check are subm foreign corporation to transact business in Florida.	Authorization to itted to register	Transact Business in the above referenced
Please return all correspondence concerning this matter	to the following	.4 1
JENAE HEEP	- V.	TALLA SECA SECA BOS BOS BOS BOS BOS BOS BOS BOS BOS BOS
(Name of Person) Midsouth Business Se	ervices. In	DEC 23 A
(Firm/Company) P. O. Box 16686	And the second	
(Address)		
Jackson, MS 39236-668 (City/State/Zip)	6	If 1.2/2 4
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Should you need to call someone concerning this matter,	, please call:	
JENNE HEEP	at (601	987-3025
(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 Section 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:

1. Midsouth Bosiness Services, The. (Name of corporation: must include the word "INCORPORATED", "COMPANY", "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. W-0597416 (FEI number, if applicable)
4. (Date of Incorporation) 5. PERPETUR! (Duration: Year corp. will cease to exist or "perpetual")
6. Will begin transacting bosiness in Florida 1-1-97 (Date first dansacted business in Florida. (See sections 607.1501, 607.1502, AND 817.155, F.S.)
7. PO BOX Notable
TACKSON, MS 39236 (Current mailing address)
(Current mailing address)
Fig. 5
8. EMPLOYEE LEASING
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: CT Corporation
Office Address: 1200 S. PINE Island Road
Plantation Florida 33324
Plantation, Florida, 33324 10. Registered agent's acceptance: (Zip Code)
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.
SEE AHACHED (Registered agent's signature)

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.

ACCEPTANCE OF APPOINTMENT

RE: MIDSOUTH BUSINESS SERVICES, INC. (Mississippi Domestic)

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: December 19, 1996

C T/CORPORATION SYSTEM

Jonathan E. Miles,
Assistant Secretary

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: LARRY L. LEWIS Address: 5216 HEADON DAKS FICK DR JACKSON, MS 39211 Vice Chairman: Address: Director: Address: Director: Address; _____ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: LARRY L. LEWIS Address: 5216 HEADON OAKS PACK DR JICKSON MS 39211 Vice President: Address: _____ Secretary: _____ Address: ______ Treasurer: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. of the application) 14. LARRY L LEWIS PRESIDENT
(Typed or printed name and capacity of person signing application)

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STATE OF MISSISSIPPI

SECRETARY OF STATE'S OFFICE

ERIC CLARK

SECRETARY OF STATE JACKSON, MISSISSIPPI

CERTIFICATE OF EXISTENCE/AUTHORITY

SEDEC 23 AH 8: 05
SEDEC AN AN OF STATE ANASSEE, FLORE

I, ERIC CLARK, 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 March 31,1977 the state of Mississippi issued a Charter/Certificate of Authority to:

MID-SOUTH BUSINESS SERVICES, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is 99 years.

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 December 12,1996

ERIC CLARK Secretary of State