To: Qualification/Tax Lien Section Division of Corporations

SURIFCT: EM	PLOYER'S HUMAN RESOURCES, INC.	
SODJECT.	(Name of corporation - must include suffix)	
Dear Sir or Mada	******** (ひ。(こ ********* (ひ。(こ	-
"Certificate of Extransact business		
Please return all	COTTESPONDENCE CONCERNING this matter to the following:	
	RESS RANDOLPH	
•	(Name of Person)	
	EMPLOYER'S HUMAN RESOURCES, INC.	
	(Time Company)	
	Rt. 5 Box 185	ı
•	(Address)	ኅ
	WAGONER, OKLAHOMA 74467 97 16	9
•	(City/State/Zip)	
Should you need	to call someone concerning this matter, please call:	

at (918) 485-9404

COURIER ADDRESS:

RESS RANDOLPH

(Name of Person)

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

MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

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.	EMPLOYER	S HUMAN RESOURCES, INC.		<u> </u>
	(Name of corpo	oration; must include the word "INCORPORAT; viations of like import in language as will clearl	D", "COMPANY", "CORPORA"	TION" or
	matural person	or partnership if not so contained in the name at	present.)	
	•	•		
2.	OKLAHOMA		373-1514840	· ·
	(State or countr	y under the law of which it is incorporated)	(FEI number, if a	applicable)
4.	DECEMBER	12, 1996 <u>5. PERPI</u>		
	(Da	te of incorporation) (Du	ration: Year corp. will cease to ex	xist or "perpetual")
6.	N/A APPL	ICATION FOR LICENSURE IN PRO	CESS.	
	(Date fire	st transacted business in Florida.) (SEE SECTIO	√S 607.1501, 607.1502 and 817.1	55, F.S.)=\(\sigma\)
7.	Rt. 5 Box	x 185 WAGONER, OKLAHOMA	4467	
				SSS
		(Current mailing add	ess)	Ha T
8.	EMPLOYEE	LEASING		
	(Purpose	e(s) of corporation authorized in home state or co	unity to be carried out in state of	rionga) வ
9.	Name and st	reet address of Florida registered agent:	P.O. Box or Mail Drop Box No.	OT acceptable)
	Name:	JACK STEELE		
		coof and payor payor pl 11		
Of	ffice Address:	6035 SEA RANCH DRIVE B1-11		·
		HUDSON,	, Florida, 34667	
			(Zip code)	
10	. Registered	agent's acceptance:		
	<u>-</u>			
H_{i}	aving been nam	ned as registered agent and to accept service of n, I hereby accept the appointment as registered	rrocess for the above stated corporate and agree to act in this co	oration at the place designated macity. I further agree to
co	mply with the p	provisions of all statutes relative to the proper a	d complete performance of my	luties, and I am familiar with
an	d accept the ob	ligations of my position as registered agent.	· · ·	

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.

(Registered agent's signature)

n: _	N/A								
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ΙĈ	ERS (Street address only - P	O. Box NO	T accepta	ble)			8 - C	N	7744 7744 47
: -	RESS RANDOLPH				-			PH 2	
_	1502 S.E.13th							<u>.</u> 2	
_	WAGONER, OKLAHOMA								<u>.</u>
side									
	WAGONER, OKLAHOMA								
 r:	BETTY RANDOLPH	_	-	-					
	1502 S.E. 13th								
	WAGONER, OKLAHOMA	74467		-			-		
_	·		·						
: _									
_	2								
	neeessary, you may attach an ad	dendum to the	applicatio	n listing ad	ditional o	officers an	d/or director	S.	

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

