## Florder to June Search Requestor's Name ( 7/23 Address

Address

City/State/Zip Phone #

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	OXOS STATING (Corporation Name)	Services / W	
2	(Corporation Name)	(Document #)	
3	(Corporation Name)	(Document #)	<u> </u>
4	(Corporation Name)	(Document #)	<del>-</del>

Walk in	Pick up time		Certified Copy
☐ Mail out	☐ Will wait	Photocopy	Certificate of Status

	NEW FILINGS	
	Profit	
	NonProfit	
-	Limited Liability	
·	Domestication	
	Other	

AMENDMENTS	
Amendment	
Resignation of R.A., Officer/ Director	
 Change of Registered Agent	
 Dissolution/Withdrawal	
Merger	

ĦŸ	OTHER FILINGS	
	Annual Report	
	Fictitious Name	
	Name Reservation	

	REGISTRATION/ QUALIFICATION
V	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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Examiner's Initials

## 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 corporate words or abbre		CORPORATED", "COMPANY", "CORPORATION" or as will clearly indicate that it is a corporation instead of a
2. <u>Texas</u> (State or countr	y under the law of which it is inco	76-0485192 (FEI number, if applicable)
4. <u>11/08/95</u> (Da	ate of incorporation)	5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
6. UPON (Date fire	QUALIFICATION st transacted business in Florida.) (S	SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
8.	Texas 77027 (Current	t mailing address)
(Purpose	e(s) of corporation authorized in ho	me state or country to be carried out in state of Florida)  red agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name:	NRAI Services, Inc.	
Office Address:	526 E. Park Avenue	<del></del>
-	Tallahassee	, Florida, 32301 (Zip code)
Having been nam in this application comply with the p	, I hereby accept the appointment	pt service of process for the above stated corporation at the place designated as registered agent and agree to act in this capacity. I further agree to the proper and complete performance of my duties, and I am familiar with

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.

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: Charles Joekel Address: 3625 SW Freeway Houston, Texas 77027 Vice Chairman: \_\_\_ Address: \_ Director: Address: \_ Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Charles Joekel Address: 3625 SW Freeway Houston, Texas 77027 Vice President: Address: \_ Secretary: Address: \_ Treasurer: Address: \_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Charles Joekel. President/ CEO

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



IT IS HEREBY CERTIFIED that Articles of Incorporation of

TEXAS STAFFING SERVICE, INC. File No. 1377044-0

were filed in this office and a certificate of incorporation was issued to this corporation, and no certificate of dissolution is in effect and the corporation is currently in existence.



IN TESTIMONY WHEREOF, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in the City of Austin, on July 15, 1998.

if Samples

Alberto R. Gonzales Secretary of State