F99000006314

TRANSMITTAL LETTER

To: Registration Section Division of Corporations	s		
SUBJECT: MORRIS P. H	EBERT, INC.		- -
	(Name of corporation	- must include suffix)	
Dear Sir or Madam:			
The enclosed "Application by Fo "Certificate of Existence", and contransact business in Florida.	oreign Corporation for A heck are submitted to re	uthorization to Transact Bogister the above referenced	usiness in Florida", foreign corporation to
Please return all correspondence	concerning this matter t	o the following: 6000	0030476364 -11/17/9901084005
MOR	RIS P. HEBERT		*****70.00 *****70.00
•	(Name of I	Person)	· · -
MOR	RIS P. HEBERT, INC). J•	
	(Firm/Con	ıpany)	 .
P.O	. BOX 3106	_ = = = = .	
	(Addre	ess)	
HOU	MA, LA 70360		
Nau 27	(City/State	e/Zip)	
Should you need to call someone			W99-26714
MORRIS HEBERT (Name of Person)	at (504 (Area () 879-2731 Code & Daytime Telephone	e Number)
,	•	• •	Ö
STREET ADDRESS: Registration Section		MAILING ADDRESS: Registration Section	ANSERE TARY OF PARTY
Division of Corporations 409 E. Gaines St.		Division of Corporations P.O. Box 6327	PH 12:
Tallahassee, FL 32399	-	Tallahassee, FL 32314	- an
Enclosed is a check for the follo	wing amount:		O ±s
•	3.75 Filing Fee & ertificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 19, 1999

MORRIS P. HERBERT P.O. BOX 3106 HOUMA, LA 70360

SUBJECT: MORRIS P. HERBERT, INC.

Ref. Number: W99000026714

We have received your document for MORRIS P. HERBERT, 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):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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 (850) 487-6094.

Agnes Lunt Document Specialist

Letter Number: 099A00055648

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.	•~	MORR	RIS P. I	EBERT,	INC.								
	(Name of corp words or abbr natural persor	eviatio	ns of like :	import in l	anguag	ge as will c	learly indic	ate that i	NY", "Co it is a corp	ORPORA' poration is	TION" or nstead of a		
2.		ISIAN					3		<u> </u>				
	(State or count	ry und	er the law	of which i	t is inc	orporated)			(FEI nu	mber, if a	pplicable)		
4.	·		17, 19		-	5	PERPET		-	-		-	
	(D	ate of i	incorporat	ion)			(Duration:	Year co	orp. will c	ease to ex	ist or "perp	etual")	
6.			LIFICAT							-	-		
	(Date first tran	sacted	business i	n Florida. (SEE S	If corp	oration had	s not transa 501, 607.15	cted busi 02 and 8	iness in F 17.155, F	lorida, ins	ert "upon qı	ıalificat	ion.")
7.	a. P.O	. BOX	3106	HOUMA,	LA	70360	· .	· =	-			-	
			•	- 10	(Princi	pal office:	address)			-			
	bP.O	. BOX	3106	HOUMA,	LA	70360		 -	-				
					(Currer	nt mailing	address)						
8.	LANI	SUR	VEYING		,			-			-	99	E S
	(Purpose	(s) of	corporatio	n authoriz	ed in h	ome state	or country t	o be carr	ried out in	state of I	lorida)	尼	豆豆
9.	Name and st	reet a	ddress of	Florida 1	registe	ered agen	t: (P.O. B	ox or M	Iail Drop	Box NO	T accental	ole)≟.	₩ <u>₹</u>
											uooop.ac	//OD1	37
	Name:	C T	Corpor	<u>tatiôn</u>	∘Sy:s	tem		÷		= =		3	양이
Oi	ffice Address:	120	0 Sou	th Pin	e Is	land R	oad	y				01:21	
		Pla	ntatio	on			. F	lorida	3332	24			တ
							, -		(Zip co	de)			

10. Registered agent's acceptance:

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.

Jenufu M& WW J (Registered agent's signature)
Jennifer McBurnett, Asst. Secy.

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 business addresses of officers and/or directors:
A. DIRECTORS
Chairman: MORRIS P. HEBORT
Address: 1920 VERNA 5T.
Address: 1920 VERNA ST. Houma, LA. 70364
Vice Chairman:
Address:
Director: SANDRA D. HEBERT
Address: 1920 VERNA ST. 3 55
Houns, LA. Tosed
Director:
Address:
B. OFFICERS
President: NORS P. HEBGI
Address: 1920 PERNA ST. HOUMA, LA. 70364
Vice President:
Address:
Secretary: South D. Hepart
Address: 1920 VERNA ST.
Horma, LA. 70364
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. MORRES P. HEBERT PRESIDENT
(Typed or printed name and capacity of person signing application)



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Incorporation of

MORRIS P. HEBERT, INC.

Domiciled at HOUMA, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on January 17, 1980,

I further certify that no Certificate of Dissolution has been issued.

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

Jox Wi Lillan

LCO 32909110D Secretary of State

