To: Qualification/Tax Lien Section Division of Corporations (Name of corporation - must include suffix) Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida. 700003075837 Please return all correspondence concerning this matter to the following: (Name of Person) (City/State/Zip) Should you need to call someone concerning this matter, please call: ب Area Code & Daytime Telephone Number) 12/22 **MAILING ADDRESS:** STREET ADDRESS: Oualification/Tax Lien Section Qualification/Tax Lien Section Division of Corporations Division of Corporations P.O. Box 6327 409 E. Gaines St. Tallahassee, FL 32314 Tallahassee, FL 32399 Enclosed is a check for the following amount: \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, ☐ \$78.75 Filing Fee & ☐ \$70.00 Filing Fee Certified Copy Certificate of Status & Certificate of Status

Certified Copy

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. Dependable Source (proportion
(Name of corporation; must include the word "INCORPORATED" "COMPANY" "CONTRAINT" "CONTRAIN
words of acoleviations of like import in ranguage as will clearly indicate that it is a company in the state of the state
natural person or partnership if not so contained in the name at present.)
2. LOUISIANA,
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 13, 1944 5. terretual
(Date of incorporation) (Duration: Year corp. will cease to exist or perpetual")
6. May 20, 1999
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 3229 36th Street Motors /
TOURS TOUR TOURS T
(Current mailing address)
e Tammona Staffin III - Co M
(Purpose(s) of corneration authorized in house the least time & all Durposes a lowed
post(s) of opipolation aumorized in nome state or country to be considered and in the contract of the con
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Ly law.
· 1 · · · ·
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: C. T. Corporation System
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: C. T. Corporation System Office Address: 1200 South Pine Island Road
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: C.T. Corporation System Office Address: 1200 South Pine Island Road Plantation, Florida, 33324
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: C. T. Corporation System Office Address: 1200 South Pine Island Road Plantation, Florida, 33324 (Zip code)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: C.T. Corporation System Office Address: 1200 South Pine Island Road Plantation, Florida, 33324
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: C.T. Corporation System Office Address: 1200 South Pine Island Road Plantation, Florida, 33324 (Zip code) 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 growt and the appointment of the state of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered growt and the stated corporation at the place designated in this application, I hereby accept the appointment as registered growt and the stated corporation at the place designated
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: C. I. Corporation System Office Address: 1200 South Rine Island Road Plantation, Florida, 33324 (Zip code) 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 exforts a service of process.

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: Des Pock
Address: 6 Lake Elizabeth Ct.
Harvey LA 70058
Vice Chairman: Wayne R. Wigains Sr.
Address: 1617 Lake Maurepas
Harvey 14 70050
To veg
Director: James A Harrell
Address: 13/ Lakeview Drive
Canton Mississippi 39046
Director: Jack Tolley
Address: 2309 Ormond Poly
Destrehan LA 70047 FR 2 F
B. OFFICERS (Street address only - P.O. Box NOT acceptable)
President: Pock Paris 9
Address: 6 Late Elizabeth G
Harvey 1A 70058
Vice President: MA
Address:
Address.
- 11/2 1/2 Q (1/2 2) 1/2 S/-
Secretary/Treasurer: Wayne K-Wiggins, St
Address: Late Dave pas
Harvey, LA 10058
Treasurer:
Address:
NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors
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. CMirman Debra Loock
(Typed or printed name and capacity of person signing application)

STATEMENT OF CONSENT OF REGISTERED AGENT

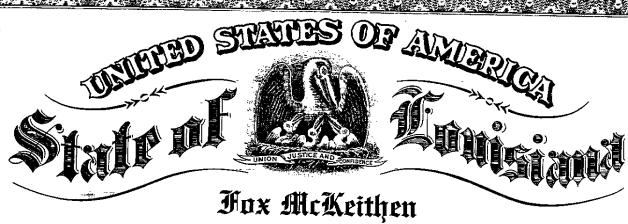
Having been named as registered agent and to accept service of process for Dependable Source Corporation at the place indicated on the state of Florida application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of 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.

C T CORPORATION SYSTEM

Vjetor Alfano, Asst. Secy.

December 15, 2999

DEC 21 PM 9: CRETARY OF STATA LAHASSEE, FLOR



SECRETARY OF STATE

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

the Articles of Incorporation of

DEPENDABLE SOURCE CORPORATION

Domiciled at METAIRIE, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on June 24, 1994,

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,

October 13, 1999

CLO Secretary of State

