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T. HAMPTON

AUG 28 2008

**EXAMINER** 

#### **COVER LETTER**

TO: Registration Section Division of Corporations				
•	43° · · · · · · · · · · · · · · · · · · ·			
SUBJECT: Interim Solutions for Government, LLC				
	ited Liability Company)			
The enclosed "Application by Foreign Limited Lia Florida," Certificate of Existence, and check are su liability company to transact business in Florida	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited			
Please return all correspondence concerning this m	atter to the following:			
Gerald W. Williams				
(Na	me of Person)			
Interim Solutions for Gover	nment, LLC			
•	m/Company)			
P.O. Box 20368				
•	(Address)			
grand and a production of				
Oklahoma City, OK 73156				
(City/St	ate and Zip Code)			
For further information concerning this matter, please call:				
Gerald W. Williams	at ( 405 ) 286-0915			
(Name of Person)	(Area Code & Daytime Telephone Number)			
MAILING ADDRESS:	STREET ADDRESS:			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount:  \$\Bigsim \frac{1}{25.00} \text{ Filing Fee } \Bigsim \frac{1}{25.00} \text{ Filing Fee & Certificate of } \text{ Certificate of }  Certificate of	\$\bigs\bigs\\$155.00\ \text{Filing Fee & \bigs\\$160.00\ \text{Filing Fee, Certificate}\ \text{Status Certified Copy}  \text{of Status & Certified Copy}			



## FLORIDA DEPARTMENT OF STATE Division of Corporations

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SECRETARY OF STATE TALLAHASSEE, PLORIDA

August 12, 2008

GERALD W WILLIAMS INTERIM SOLUTIONS FOR GOVERNMENT, LLC P O BOX 20368 OKLAHOMA CITY, OK 73156-0368

SUBJECT: INTERIM SOLUTIONS FOR GOVERNMENT, LLC

Ref. Number: W08000037806

We have received your document for INTERIM SOLUTIONS FOR GOVERNMENT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 608A00045610

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 60 LIMITED LIABILITY COMPANY TO TR.			TITED TO REGISTER A FOREIGN
1. IH TERIM SOU (Name of Foreign Limited Lial			LLC
(Name of Foreign Limited Lial	pility Company; must inclu	ide "Limited Liability Company,"	' "L.L.C.," or "LLC.")
(If name unavailable, enter alternate n consent of the managers or managing Company," "L.L.C.," "LLC.")	members adopting the alte	rnate name. The alternate name n	nust include "Limited Liability
2. STATE OF OK (Jurisdiction under the law of which company is organized)		_	
4. 10/23/20 (Date of Organization	on)	(Duration: Year limited liabilexist or "perpetual")	lity company will cease to
6. 11 Zov8 (Date firs (See section	t transacted business in Flo	orida, if prior to registration.)	Z10 9
7. 900 Wes- M	OIN, SHIT	E104	B ALLAHAS
DKlahoma	C174 OK (Street Address	13106 of Principal Office)	LED 27 PM SSEE. FL
8. If limited liability company i		• •	STATE CONTRACTOR OF STATE
9. The name and usual business  GERALD W.		aging members of managers	s are as follows.
900 W. M			<u> </u>
OKlahoms	CITY, OR	. 73106	
10. Attached is an original certificate of the jurisdiction under the law of which i translation of the certificate under eath of	t is organized. (A photocop	y is not acceptable. If the certificate	•
11. Nature of business or purpo	Medoral G	thomanogé	upport Sorukos
	Tuel a	luce	
(In accordan	ce with section 608.408(3), F	thorized representative of a .S., the execution of this document c	onstitutes
	on under the penalties of perj	ury that the facts stated herein are true.	e.)
	Typed or printed	name of signee	<del></del>

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	f the Limited Liability Co	ompany is:	
Interim Solutions	s for Government, LLC		
If name unavail	lable, the alternate name	to be used in the state of Florida is:	
2. The name ar	nd the Florida street addr	ess of the registered agent and office are:	
	NRAI Services, Inc.		
		(Name)	•
	2731 Executive Park Driv		
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	
	Weston	FL 33331	
		City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes. NRAI Services, Inc.

By: Mark (Signature)

Christian Eubanks - Asst. Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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SECRETARY OF STATE

#### OFFICE OF THE SECRETARY OF STATE



## CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>INTERIM SOLUTIONS FOR GOVERNMENT</u>, <u>LLC</u> whose registered agent is <u>GERALD W WILLIAMS</u>, with its registered office at <u>12315 WINDSONG WAY OKLA CITY</u>, Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 25th day of August, 2008.

Secretary Of State

M. hisan lavage