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COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: AATEMPS, Inc. Name of corporation - must include suffix			
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," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.			
Please return all correspondence concerning this matter to the following:			
Name of Person			
AA Temos Inc			
Firm/Company © 0			
7002-N Little River Turnpite			
Address			
1 10 VA 22003			
Address AOAAAR VA 22003 City/State and Zip code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Teresa Simpron at (703) 642 - 9050 Name of Person Area Code & Daytime Telephone Number			
Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
New Filing Section Division of Corporations New Filing Section Division of Corporations			
Clifton Building P.O. Box 6327			
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301			
Enclosed is a check for the following amount:			
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$878.75 Filing Fee & □ \$878.75 Filing Fee & □ \$878.50 Filing Fee, Certificate of Status & Certified Copy			

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

"Inc.," "Co.," "Corp." "Inc." "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2.	<i>REGIS</i> l.	MPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO STER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. A TEMPS TO PS	
2. VILGIATE (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. TOOZ-N LITTLE REVERTING PARAMETERS (Principal office address) (Current mailing address) (Current mailing address) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name: NRAISQUICE FAC (City) (City) (City) (City) (City) (City) (City) (City) (Pernoces 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. Wendy D Rea, Agaistant Secretary Wendy D Rea, Agaistant Secretary	"Inc	e.," "Co.," "Corp," "Inc," "Co," or "Corp.")	indro ner
(Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 7002-NLITIE RIVER TO PIRE AND AND REVARENCE (Principal office address) SAME (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name: NRAI Service Free Office Address: 2731 Executive Free (City) 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. Purpose 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. Wendy D Rea, Assistant Secretary Wendy D Rea, Assistant Secretary	•		a)
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By: Wendy D Rea, Assistant Secretary	and I	am familiar with and accept the obligations of my position as registered agent.	my uuttes,
(Registered agent's signature)			
		(Registered agent's signature)	

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: Address: Vice Chairman: Address: Director: Address: _ Director: Address: **B. OFFICERS** Vice President: Address: Secretary: Address: _ Address: __ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer listed in number 12 of the application) Samue

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

Common wealth of Hirginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

AA TEMPS, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is June 09, 1986.

Nothing more is hereby certified.

2010 AUG - 3 P 2: 01



Signed and Sealed at Richmond on this Date: July 28, 2010

Joel H. Peck, Clerk of the Commission