FOI GOOGO 980

(Name of corporation - must include suffix)

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

Delokes Welch (Name of Person) ****140.00 ****122.50

To:

Dear Sir or Madam:

transact business in Florida.

Registration Section
Division of Corporations

lmerican

Please return all correspondence concerning this matter to the following:

| American D | ebeis Services, Ir | nc. |
|--|---|---|
| 9951 Atlantic | Blvd., Suite 177 | · · · |
| Jacksonville, | FL 32225 (City/State/Zip) | <u> </u> |
| Should you need to call someone concerning the | nis matter, please call: | |
| Delores Welch at (| 904, 721-6556 | 00 17 <u>M</u> |
| (Name of Person) | (Area Code & Daytime Telephone | e Number) |
| | (904) S45.8133 | FILE FILE FILE |
| STREET ADDRESS: | MAILING ADDRESS: | |
| Registration Section | n - | |
| Division of Corporations | Registration Section Division of Corporations | 9)H 1100 1100 1100 1100 1100 1100 1100 11 |
| 409 E. Gaines St. | P.O. Box 6327 | <u> </u> |
| Tallahassee, FL 32399 | Tallahassee, FL 32314 | mh |
| Enclosed is a check for the following amount: | | 2/20 |
| □ \$70.00 Filing Fee □ \$78.75 Filing Fee | 7 | \$87.50 Filing Fee, |
| Certificate of Stat | us Certified Copy | Certificate of Status & |
| 111 111 | DIANO N. | Certified Copy |
| Total Enclosed | 1= 140 Pleas | e send an ional six (6) $(4875 \times 6 = 5)$ |
| | A Addit | bral SIX (6) |
| | Certified Cop | $ics/\pi x^{25} \chi (c = 5.950)$ |

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. <u>Debeis</u> Services, Inc. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) b. 9951 Atlantic Blvd., Suite 177 Jacksonville, FL (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Pelopes Welch Allantic Blvd., Suite 177 acksonville, FL 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. 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: John C. Wells | |
| Address: PD BOX 204 (1422 Fearis Street) | |
| Mayport, FL 32267 | |
| Vice Chairman: Delores Welch | |
| Address: PD Box 204 (1422 Ferris Street) | |
| Mayport, FL 32267 | |
| Division | |
| Address: | |
| | |
| Director: | |
| Director: | |
| Address: | |
| B. OFFICERS | |
| President: John C. Wells | |
| Address: PD Box 204 (1422 Ferris Street) | 7.0 0 |
| Mayport, FL 32267 | |
| Vice President: | |
| Address: | mg m |
| | <u> </u> |
| Secretary: Delores S. Welch | 2 |
| Address: PO Box 204 (1422 Ferris Street) | |
| Mayoral El 3221 d | |
| Treasurer: | |
| Address: | |
| | |
| NOTE: If necessary you may attach an addandam to the angle of the same of the | |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and | d/or directors. |
| (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the | application) |
| 14 Delores S. Welch Secretary | , |
| (Typed or printed name and capacity of person signing application | on) |



Certificate

I, Joe Manchin, III, Secretary of State of the State of West Virginia, hereby certify that

the following and hereto attached is a true and exact copy of the Certificate of Amendment

AMERICAN DEBRIS SERVICES, INC.

which filed on February 15, 2001; as it appears from the records of our said office.

WEST VINCE IN THE PRODUCTION OF WEST VINCE IN THE PRODUCTION OF WEST VINCE IN THE PRODUCTION OF THE PR

00 FEB 19 MI I: 52
SECRETARY OF STATE
TALLARASSEEL HUORIDA

Given under my hand and the Great Seal of the State of West Virginia on

February 15, 2001

Secretary of State