

FO1000003478

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Duraclean Specialists, Incorporated
(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.

300004376143--3
-06/07/01--01104--002
*****87.50 *****87.50

Please return all correspondence concerning this matter to the following:

Shirley M. Sharrow or Michael G. Sharrow
(Name of Person)

Duraclean Specialists, Incorporated
(Firm/Company)

P.O. Box 560886 or 365 Bus Hipp ~~Rockledge~~ m.s.
(Address)

Rockledge, Florida 32956-0886
(City/State and Zip code)

FILED
01 JUL -2 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Michael G. Sharrow at (321) 636-2240
(Name of Person) (Area Code & Daytime Telephone Number)

Name	STREET ADDRESS:		
Availability	Registration Section		
Document	Division of Corporations		
Examiner	409 E. Gaines St.		
	Tallahassee, FL 32399		
Updater	Enclosed is a check for the following amount:		
Updater	<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee &	<input type="checkbox"/> \$78.75 Filing Fee &
Verifier		Certificate of Status	Certified Copy
Acknowledgement	DCC		
W. P. Verifier	DCC		

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

- ① date first trans business
 - ② Corp can't serv as own RA
 - ③ off. must sign
- ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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5 pages



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 14, 2001

MICHAEL G. SHARRON
DURACLEAN SPECIALISTS, INCORPORATED
P.O. BOX 560886
ROCKLEDGE, FL 32956-0886

SUBJECT: DURACLEAN SPECIALTIST, INC.
Ref. Number: W01000013700

We have received your document for DURACLEAN SPECIALTIST, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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

The name on the application and the name on the certificate must be the same. The application has Specialists and the certificate has Specialist. Please either correct the application or get the certificate corrected.

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) 487-6051.

Diane Cushing
Corporate Specialist

Letter Number: 201A00036599

01 JUL -2 AM 10:25

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SECRETARY OF STATE
KATHERINE HARRIS
TALLAHASSEE, FLORIDA

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. Duraclerm Specialists, Incorporated.
(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.)
2. Maryland 3. 52-1795530
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. October 8th, 1992 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. "Upon qualification"
(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.)
7. P.O. Box 935 Leonardtown, Maryland 20650
(Principal office address)
P.O. Box 560886 Rockledge, Florida 32956
(Current mailing address)
8. _____
(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: ~~DURACLERM SPECIALISTS, INC.~~ Shirley M. Sharrow
Office Address: 365 Yule Hipp, Suite B
Rockledge, Florida 32956
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

Shirley M. Sharrow
(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

President: SHIRLEY M. SHARROW

Address: 365 GUS HIPPI BLVD. SUITE B

ROCKLEDGE, FL 32955

Vice President: Robert J. Shannon

Address: 365 Gus Hipp Blvd.

Rockledge Fl. 32955

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Robert J. Shannon

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert J. Shannon

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

STATE OF MARYLAND
Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT DURACLEAN SPECIALIST, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 24, 2001.

Paul B. Anderson

Paul B. Anderson
Charter Division

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01 JUL -2 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

