F01000006093

TRANSMITTAL LETTER

| TO: Registration Division of | Section Corporations | | | | |
|---|---|-------------------------------------|---|--|--------|
| SUBJECT: | PRUPENTIAL | OVERALL | SUPPLY | | |
| | (Nan | e of corporation | ı - must include suff | ix) | • |
| Dear Sir or Madam: | | | | | |
| The enclosed "Appli" Certificate of Existe to transact business i | ence, and check are | orporation for A submitted to re | gister the above refe | nsact Business in Florida", erenced foreign corporation | |
| Please return all corre | 00004693411 -11/26/U1U1U65 *****78.00 ***** | -U]i *7n | | | |
| · | JIM MI | PRRAY | • | described 10100 destruction | * (D) |
| | | (Name of P | erson) | | |
| | PRUDENTIAL | OVERALI (Firm/Com | - <i>SVPALY</i> | | |
| | | | • | | |
| | 1661 ALTO | ON PRO | 2 | | |
| | | (Addres | s) <i>2606</i> l Zip code) | | |
| <u> </u> | IRVINE, C. | 4 9 | 2606 | | |
| | • | (City/State and | l Zip code) | | |
| or further informatio | n concerning this m | atter, please call | !: | | |
| (Name of Per | son) | at (/7/) | 250 485 le & Daytime Telep | 5 do 0 | - |
| TREET ADDRESS: egistration Section ivision of Corporatio 99 E. Gaines St. allahassee, FL 32399 nclosed is a check for | ns) the following amou | M R D P - T | AILING ADDRES egistration Section livision of Corporati O. Box 6327 allahassee, FL 3231 | FILED NOV 26 PM 7: 59 NETARY OF STATE AHASSEE, FLORID | |
| \$70.00 Filing Fee | S78.75 Filing Certificate of | | 8.75 Filing Fee & ertified Copy | \$87.50 Filing Fee, Certificate of Status & | |

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 BŪSINESS IN THE STATE OF FLORIDA.

| PRUDENTAL | OVERALL | SUPPLY | | NC. | | |
|--|---|---|---|---|--|--|
| words or abbreviations of like impor- natural person or partnership if not se | o contained in the n | ame at present.) | nat it is a c | orporation mate | | |
| CALI FORNIA | | 3. <u> </u> | 5-15. | 35 681 | | |
| (State or country under the law of wh | ich it is incorporate | d) | (FEI | number, if appl | icable) | |
| | | | | | | |
| (Date of incorporation) | (Duratio | (Duration: Year corp. will cease to exist or "perpetual") | | | | |
| ISPAN QUALIFIC | ATION | | | , | | |
| (, | SEE SECTIONS 60 | 07.1501, 607.150 | 2 and 817. | 155, F.S.) | | |
| 1661 ALT | THE PRWY | 16 | VINE | EA, | 92606 | |
| 7001 7707 | (Principal of | ice address) | | | | |
| Pa.Box 11210 | SANTA | ANA C | A. | 927// | | |
| 7.0.100 | (Current mail | ing address) | | | | |
| | | | | | | |
| _ | | | | | <u>,</u> —Ω | |
| Name: TROY OWE | <i>N</i> .S | | | *** | AET SO FI | |
| office Address: 301 WEST | PLATT | 57:- 7 | F 156 | | LE 26 | |
| TAMPA | | .F | orida | 33606 | R CD | |
| (Cit | :y) | | (2 | Zip code) | | |
| asianatad in this application. I he | reby accept the o | ppoiniment as i | egistered | agent and agr | ree to act in this capacity. | |
| | words or abbreviations of like impornatural person or partnership if not so CALI FORMIA (State or country under the law of what 9/2/47 (Date of incorporation) DPON QUALIFIC (Date first transacted business in Flor //// /// /// /// /// /// /// | words or abbreviations of like import in language as will natural person or partnership if not so contained in the in CALI FORNIA (State or country under the law of which it is incorporate 9/2/47 (Date of incorporation) DPON QUALIFICATION (Date first transacted business in Florida. If corporation (SEE SECTIONS 60 1661 ALTON PKWY (Principal off P.C. BOX 1/2/0 SANTA (Current mail NOUSTRIAL LAUNDR (Purpose(s) of corporation authorized in home states and street address of Florida registered and street address: Name: TROY OWENS ffice Address: 301 WEST PLATT TAMPA (City) O. Registered agent's acceptance: Laving been named as registered agent and to acceptance in this application. I hereby accept the acceptance in this application. | words or abbreviations of like import in language as will clearly indicate to natural person or partnership if not so contained in the name at present.) CALIFORNIA 3. 93 (State or country under the law of which it is incorporated) 9/2/47 (Date of incorporation) Defon QUALIFICATION (Duration (Duration Defon QUALIFICATION (Duration SEE SECTIONS 607.1501, 607.1502) 1661 ALTON PKW3 (Principal office address) P.O.BOX 1/2/0 SANTA ANA (Current mailing address) Name and street address of Florida registered agent: (P.O. Both Name: TROY OWENS TAMPA (City) O. Registered agent's acceptance: Laving been named as registered agent and to accept service of prescripted in this application. I hereby accept the appointment as the principated in this application. I hereby accept the appointment as the principated in this application. I hereby accept the appointment as the principated in this application. I hereby accept the appointment as the principated in this application. I hereby accept the appointment as the principated in this application. I hereby accept the appointment as the principated in this application. | words or abbreviations of like import in language as will clearly indicate that it is a contained person or partnership if not so contained in the name at present.) CALI FORWIA | (State or country under the law of which it is incorporated) 9/3/47 (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 1661 ALTON PKWY RVINE EA, (Principal office address) 1700 SANTA ANA CA, 93711 (Current mailing address) NOUSTRIAL LAUNDRY (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida and street address of Florida registered agent: (P.O. Box or Mail Drop Box NO | |

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:

| A. DIRECTORS | |
|--|---------------------|
| Chairman: DAN CLARK | |
| Address: 1661 ALTON | |
| IRVINE, CA. 92606 | |
| Vice Chairman: DON LAHN | |
| Address: 1661 ALTON PKWY | |
| IRVINE, CA, 92606 | |
| Director: Tom WATTS | |
| Address: 1661 ALTON PKWY | . ' |
| IRVINE, CA, 92606 | |
| Director: HARRY HATHA WAY | |
| Address: 1661 ALTON PKWY | |
| IRVINE, CA, 92606 | |
| B. OFFICERS President: TOM WATT 5 | SE TAL |
| President: TOM WATTS Address: (Same as above) | O1 NOV |
| | 26 ARY ASSE |
| CHAIRMAN DAN CLARK | EFE B |
| Address: (Some U.S. above) | 7: 5 5 |
| Secretary TREASURER: JIM MURRAY | |
| Address: 1661 ALTON PKWY, IRVI | NE CA. 92606 |
| Measurer VICE CHAIRMAN: DON LAHN | 4 |
| Secretary TREASURER: JIM MURRAY Address: 1661 ALTON PKWY, IRVII Theasurer: VICE CHAIRMAN: DON LAHN Address: (some as above) | |
| , , , , , , , , , , , , , , , , , , , | |
| NOTE: If necessary, you may attach an addendum to the application listing add | |
| 13. Signature of Chairman, Vice Chairman, or any officer listed in | 10.64 (1.46) |
| · · · | |
| 14. JAMES K. MURRIY SEC. / TREIT | gSURER application) |



SECRETARY OF STATE **CERTIFICATE OF STATUS DOMESTIC CORPORATION**

I, BILL JONES, Secretary of State of the State of California, hereby certify:

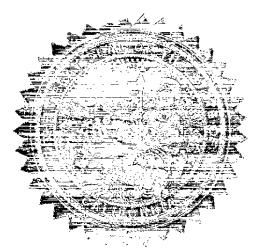
That on the 2nd day of September, 1947, PRUDENTIAL OVERALL SUPPLY became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition. activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the GreatSeal™ of the State of California this day 🛁 of October 10, 2001.

BILL JONES

Secretary of State