| . 00855-62821-0 9 94. | 3 |
|---|--------------------------|
| (Requestor's Name) | |
| (Address) | 800022959728 |
| (Address) | 000022000120 |
| (City/State/Zip/Phone #) | 09/18/0301082017 **78.75 |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | HLM |
| (Document Number) | |
| Certified Copies Certificates of Status | - |
| Special Instructions to Filing Officer: | |
| 10/13 FPC | 03 OCT 13 |
| CC | |
| 1.102 -211/0 | CORRECT 9: 51 |

Office Use Only

TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: Steam-All Cary | set Care Inc |
| (Name of corpora | ntion - must include suffix) |
| Dear Sir or Madam: | |
| The enclosed "Application by Foreign Corporation f "Certificate of Existence", and check are submitted to transact business in Florida. | |
| Please return all correspondence concerning this mat | tter to the following: |
| James Finn (Name | |
| (Name | of Person) |
| Steam-All Carpet Car | re TNC = |
| (Firm/ | Company) |
| 165 Florida Park D | rive |
| (Ac | (dress) |
| Palm Coast Flori | da 32137 |
| (City/Stat | te and Zip code) |
| | |
| For further information concerning this matter, pleas | e call: |
| James Finn at (386 | - 1 447-0422 |
| (Name of Person) (Are | a Code & Daytime Telephone Number) |
| | |
| | |
| STREET ADDRESS: Registration Section | MAILING ADDRESS: Registration Section |
| Division of Corporations | Division of Corporations |
| 409 E. Gaines St. | P.O. Box 6327 |
| Tallahassee, FL 32399 | Tallahassee, FL 32314 |
| Enclosed is a check for the following amount: | |
| ☐ \$70.00 Filing Fee | \$78.75 Filing Fee & Status & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy |



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 22, 2003

JAMES FINN STEAM-ALL CARPET CARE INC. 165 FLORIDA PARK DRIVE PALM COAST, FL 32137

SUBJECT: STEAM-ALL CARPET CARE INC.

Ref. Number: W03000027116

We have received your document for STEAM-ALL CARPET CARE INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

Please return 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) 245-6967.

-Letter Number: 403A00052219

Michelle Hodges Document Specialist

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| | CE WITH SECTION 607.1503, FLORIDA OREIGN CORPORATION TO TRANSAC | | | | ED TO | |
|-------------------|--|--------------------|--|--------------------|-------------------|----------------|
| 1. Stee | am-All Carpet Car | e. Tuc | | | | |
| (Name of corpo | oration; must include the word "INCORPORA | ATED", "COMPA | | | | |
| | viations of like import in language as will clea or partnership if not so contained in the name | | t is a corporation i | nstead of a | | |
| * , * | · · · · · · · · · · · · · · · · · · · | • | 2029991 | • | | |
| (State or country | y under the law of which it is incorporated) | د <u>= اب</u> | (FEI number, if a | pplicable) | - ,, , | - |
| 4. Jan. | _ | | | • | | |
| (Da | te of incorporation) | (Duration: Y | ear corp. will ceas | e to exist or "per | petual") | |
| 6. | upon qualificat | ion- | | - | | |
| (Date first trans | acted business in Florida. If corporation has n (SEE SECTIONS 607.15 | iot transacted bus | iness in Florida, in 817.155, F.S.) | sert "upon quali | fication.") | |
| 1. 165 | Florida Park Drive Principal office as Florida Park Drive | Palm | Coast F | Torida 3 | 2/27 | |
| | (Principal office as | ddress) | | | | - |
| 165 | Florida Park Drive | Palm | Coast F | lorida 3 | 2/37 | |
| | (Current mailing a | ddress) | | | | |
| . T | duation Classica | | | • | | |
| 8 | So of corporation authorized in home state or | country to be can | ried out in state of | Florida) | | |
| | reet address of Florida registered agent | | | | ie) යි | |
| | | 10 ADCL-(1) -1 | Man Digh Day ! | 101 acceptant | 300 | |
| | James Finn | - | | 主 | 007 TS | , <u>.</u> |
| Office Address: | 165 Florida Park Driv | · | | (f. | 3 | コン |
| | | - | 72124 | - | | フ |
| | Palm Coast (City) | Z, PRRIUZ | (Zip code) | | AN 9: 56 | |
| In Projetanad s | ngent's acceptance: | | • | • | ⊅m ≯ | |
| | igent's acceptance. med as registered agent and to accept ser | rvice of process | for the above st | ated corporatio | on at the pla | ce |
| designated in thi | is application, I hereby accept the appoint comply with the provisions of all statutes | ument as regist | ered agent and a | gree to act in | this capacity | ·I |
| | familiar with and accept the obligations | | | | uice or my | |
| | | | | | | |
| | 0. 0 | / = | | | | |
| _ | fames fu (Registered agent's | riometure) | | | | |
| | (rægisæreu agent s | ગકાલભાકો | | | | |

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/o | r directors: | | • |
|---|---------------------------|---------------------------------------|---------------------------------------|
| A. DIRECTORS | | | |
| Chairman: | - | <u> </u> | |
| Address: | | <u> </u> | |
| | - | | |
| Vice Chairman: | | | |
| Address: | | | |
| | | | |
| Director: | | | |
| Address: | | . • | |
| | | , | <u></u> |
| Division | | | |
| Director: | | | |
| Address: | | | |
| | | · · · · · · · · · · · · · · · · · · · | |
| B. OFFICERS | | | |
| President: James Finn | <u> </u> | | |
| Address: 165 Florida Park D | rive= | <u> </u> | |
| Palm Coast Florida | 32137 | | |
| Vice President: | | | |
| Address: | | | |
| | | | |
| Secretary: | | | |
| Address: | | | |
| Treasurer: | | | |
| Address: | | | · · · · · · · · · · · · · · · · · · · |
| Audiess. | | | <u></u> |
| NOTE: If necessary, you may attach an addendum to t | the application listing a | ndditional officers and/or d | irectors. |
| 13. James Lynn | 를 수 | | |
| 13. Signature of Chairman, Vice Chairman | n, or any officer listed | in number 12 of the applic | ation) |
| 14. James Finn P. | | _ ~** . | |
| (Typed or printed name and ca | | g application) | |

State of New York | ss: Department of State

I hereby certify, that the Certificate of Incorporation of STEAM-ALL CARPET CARE, INC. was filed on 01/08/1997, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

The Biennial Statement is past due.

I further certify, that no other documents have been filed by such Corporation.



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Witness my hand and the official seal of the Department of State at the City of Albany, this 02nd day of October two thousand and three.

Secretary of State

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