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CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN OCT 29 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Springer Services, Inc.
(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.

Please return all correspondence concerning this matter to the following:

Jeffrey Springer
(Name of Person)

Springer Services, Inc.
(Firm/Company)

5454 Gulf Breeze PKWY
(Address)

Gulf Breeze, FL 32563
(City/State and Zip code)

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For further information concerning this matter, please call:

Eddie Holman at (850) 916-1124
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. Springer 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.)

2. Iowa 3. 43-1766087
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/20/89 5. Perpetual
(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. 5454 Gulf Breeze Parkway
(Principal office address)

Gulf Breeze, FL- 32563
(Current mailing address)

8. Pest & termite treatment and control
(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)

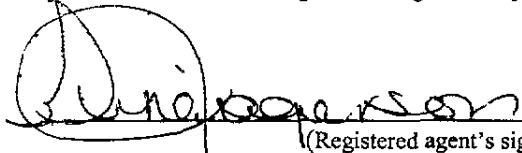
Name: Gina Jagerson

Office Address: 5454 GULF Breeze PKWY

Gulf Breeze, Florida 32563
(City) (Zip code)

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.


(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.

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

A. DIRECTORS

Chairman: Jeffrey Springer

Address: 5454 Gulf Breeze Pkwy
Gulf Breeze, FL 32563

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: Jeffrey Springer

Address: 5454 Gulf Breeze Pkwy
Gulf Breeze, FL 32563

Vice President: _____

Address: _____

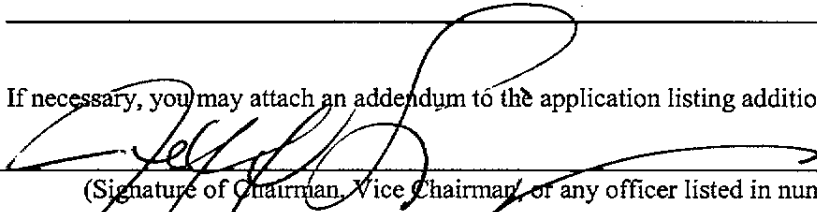
Secretary: _____

Address: _____

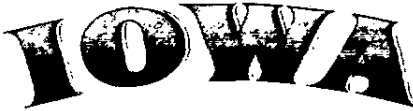
Treasurer: _____

Address: _____

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jeffrey Springer, President
(Typed or printed name and capacity of person signing application)



Date: 09/16/2003

SECRETARY OF STATE

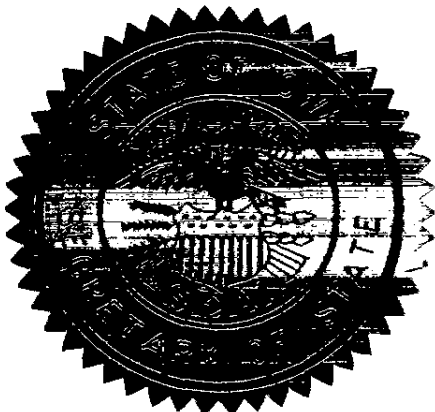
490 DP-000139732
SPRINGER SERVICES, INC.
SPRINGER SERVICES ICN
E.L. HOLMAN
5454 GULF BREEZE PKWY
GULF BREEZE, FL 32563

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CERTIFICATE OF EXISTENCE

Name: SPRINGER SERVICES, INC.
Begin date: 12/20/1989
Expiration: PERPETUAL

I, CHESTER J. CULVER, secretary of state of the state of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report has been filed by the secretary of state, and that articles of dissolution have not been filed.



CHESTER J. CULVER SECRETARY OF STATE



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