

F05000000455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten Signature]

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

05 JAN 26 PM 3:59

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JAN 26 AM 8:38

FILED

January 26, 2005

Department of State, Florida
409 East Gaines Street
Tallahassee FL 32399

FILED
05 JAN 26 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6283458 SO
Customer Reference 1: N/A
Customer Reference 2: N/A

Dear Department of State, Florida:

Please obtain the following:

~~J.M.D. Construction Services, Inc. (PA)~~
~~Qualification~~
~~Florida~~

Professional Cleaning & Restoration, Inc. (PA)
Qualification
Florida

~~Professional Cleaning & Restoration, Inc. (PA)~~
~~Assigned Name - Filling - Servicemaster Clean by B. J. Jels~~
~~Florida~~

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

File
First
Please

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley_Mitchell@cch-lis.com

FILED
05 JAN 26 AM 8:38
SECRETARY OF STATE
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. Professional Cleaning & Restoration, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Pennsylvania

(State or country under the law of which it is incorporated)

- 3.

48-1291730

(FEI number, if applicable)

4. January 3, 2003

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

- 6.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3108 West Market Street, York, PA 17404

(Principal office address)

Same

(Current mailing address)

8. Cleaning and restoration services

(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 NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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.

C T Corporation System

ANN J. WILLIAMS

Assistant Vice President

By:

(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: Justin M. Daniels

Address: 3108 West Market Street, York, PA 17404

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Justin M. Daniels

Address: 3108 West Market Street, York, PA 17404

Vice President: _____

Address: _____

Secretary: Same

Address: _____

Treasurer: Same

Address: _____

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. _____

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

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

January 21, 2005

TO ALL WHOM THESE PRESENTS SHALL COME , GREETING :

I DO HEREBY CERTIFY THAT,

PROFESSIONAL CLEANING & RESTORATION, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show , as of the date herein .



IN TESTIMONY WHEREOF , I
have hereunto set my hand and
caused the Seal of the
Secretary's Office to be affixed,
the day and year above written.

Perth C. Contes

Secretary of the Commonwealth

STMARTZ