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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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TRANSMITTAL LETTER

TO:	Registration Section Division of Corporation	S				
SUBJ	ECT: SPECTRU	IM CARPET				
		(Name of corp	oration - must	include suffix)		
Dear S	r or Madam:					
"Certif	closed "Application by Ficate of Existence," and of the business in Florida.					
Please	return all correspondence	concerning this i	natter to the fo	ollowing:		
(°£	DRY HANSEN					
		(Na	me of Person)			75 G
SPE	CTRUM CARPET	DUFING & C	LEANING	i INC	· a · ÷	ECS .
	CTRUM CARPET	(Fir	m/Company)	<i>,</i> , , —		15 P
261	00 BEVERLY DR	STE 10	5			18 18 18SE
	00 BEVERLY DI		(Address)			五二 至
	DORA, K 6050					8: 1 STAT
	,	(City/	State and Zip	code)		कुल क
For fur	ther information concern	ing this matter, pl	ease call:			
Col	LY HANSEN	at (30 89	8-3200		
	(Name of Person)	at (Area Code & I	8-3200 Daytime Teleph	one Number)	
	STREET ADDRESS: Registration Section Division of Corporation 409 E. Gaines St. Tallahassee, FL 32399	s		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	
Englas	ed is a check for the follo	wing amount		ŕ		
Enclos	ed is a check for the folio	wing amount:			1	
□ \$70		3.75 Filing Fee & ertificate of Status		Filing Fee & ed Copy	\$87.50 Fi Certifica Certified	te 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 BUSINESS IN THE STATE OF FLORIDA.

(Enter name of com	M CARPET DYEING AND CLEANING, INC rporation; must include "INCORPORATED," "COMPANY," "CORPORATION," rp," "Inc," "Co," or "Corp.")
(If name unavailab	ble in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
•	
2. ILLINOIS	3. 36-4133862 Inder the law of which it is incorporated) (FEI number, if applicable)
4	5. PERPETUAL of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
- Olo	(Duragon: 1 ear corp. will cease to exist or perpetual)
6. TUP	(Date first transacted business in Florida, if prior to registration)
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7.	
	(Principal office address)
10155	W. Sunse Blud, #102, Plantation FL 33322 (Current mailing address)
· ALEBAUAL	G RESTORATION SERVICES PEG G
(Purpose(s)	of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street	of corporation authorized in home state or country to be carried out in state of Florida) address of Florida registered agent: (P.O. Box NOT acceptable) VASON MCREYNOLDS 10(55 W. SUNLISE BUVD, #102 DINNIFOCION Florida 33322
Name:	JASON MCREYNOLDS
name:	THE STATE OF THE S
Office Address:	10155 W. SUNRISE BEVD, #102
	PLANTATION, Florida 33322 (Zip code)
	(City) (Zip code)
10. Registered age	ent's acceptance:
Having been name	ed as registered agent and to accept service of process for the above stated corporation at the place
	application, I hereby accept the appointment as registered agent and agree to act in this capacity. I mply with the provisions of all statutes relative to the proper and complete performance of my dutie
	with and accept the obligations of my position as registered agent.
,	(les ?) /// c/l/ a///
\rightarrow	(Registered agent's signature)
/	(Wellsteren allein 2 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: Director: Address: **B. OFFICERS** President: MIKE BLAKE Address: 2600 BEVERY DR \$ 105 AURORA L 60504 Vice President: LORY LANSEN Address: Z600 BEVERLY DR £105 AURORA K 60504 Secretary: NANCY BLAKE Address: 2000 BEVERLY DR # 105 AURORA, K 60504 Treasurer: RACHEZ BEVERLY DR \$105. NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) CORY HANSEN

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



To all to whom these Presents Shall Come,

I, Jesse White, Secretary of State of the State of Illinois, hereby certify that



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of

APRIL

A.D.

2005

Desse White