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M. HODGES

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### TRANSMITTAL LETTER

TO:		tration Se on of Co	ection rporations		
SUBJ	ECT:	US SEV	/ER & DRAIN, INC.		
				ration - must include suffix	
Dear S	ir or M	adam:			
"Centi	ficute of		e," and check are submitted	for Authorization to Transa to register the above refere	
Please	retorn a	di co <del>nes</del> ,	ondence concerning this m	atter to the following:	
LISA C	OGAN				
			(Nan	ne of Person)	
BUSIN	IESS SI	JPPORT	INC		
			(Fim	(Company)	
417 S	TOWE A	IVE SUN	TE 2		
			(4	Address)	
ORAN	GE PAF	RK, FL 32	073		
<del></del> -			(City/Si	ate and Zip code)	
For fu	ther inf	ormation	concerning this matter, ples	ise call:	
LISA C	OGAN		at (904	) 264-1289	
<del>,</del>	(Nam	e of Pers		rea Code & Daytime Teleph	ione 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			
Enclos	ed is a c	heck for	the following amount:		
<b>570</b>	.00 Fijit	ig Fee	7 \$78.75 Filing Fee & Certificate of Status	578.75 Filing Fee & Certified Copy	© \$87.50 Filing Fee, Certificate of Status & Certified Copy

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BUSINESS SUPPORT INC

PAGE 04/06

- 08/11/2005 19:30 FAX 9547639346

09/10/2005 12:43 9042641230 RHI INTERNATIONAL

**PLISTNESS SLPPORT INC** 

**20003** PAGE 83/85

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBL(TITED TO REGISTER A FOREIGN CORPCRATION TO TRANSACT BUSINESS IN THIS STATE OF FLORIT A.

PENNSYLVANIA  3. 23-2934575  State or country studes the law of which it is incorporated)  (Fill number, if applicable)  1997  5. PERPETUAL  (Duration: Year sorp, will cease to adds or "perpetual")  UPON QUALIFICATION  (Date first transacted business in Florida, if prior v. registeration)  (SEE SIECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  100 WOODLANE, LANGHORNE, PA 19047  (Principal office address)  ANY AND ALL LAWFUL BUSINESS  (Purpose(s) of corporation suchorized in home seate or country to be carried out in state of Floridal  Name and attest address of Florida registered agent: (P.O. Box NOT seceptable)  Name: 370 N.E. 23RD WAY  BOCA/RATON  (City)  Registered agent's acceptances  why been named as registered agent and to accept service of precess for the above stated co. portation at the place		able in Plovida, entar alternate occuparate nume	adopted for the purpose of transcoting busi less in Florida)
State or country under the law of which it is incorporated)  (PSI number, if applicable)  (Date of incorporation)  (Date first transpacted business in Florida, if prior s) registeration)  (SEE SECTIONS 607.1501 & 607.1502, P.S., to deternide penalty liability)  100 WOODLANE, LANGHORNE, PA 19047  (Principal office address)  PO BOX 1072, LANGHORNE, FA 19047  (Current resilling address)  ANY AND ALL LAWFUL BUSINESS  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida;  Name: Interior Thompson  Name: 370 N.E. 23RD WAY  BOCA/RATON  (City)  (City)  (City oode)  (City oode)	PENNSYLVAN	IJA z	23-2894575
(Date of incorporation)  (Date first transacted business in Florida, if prior so registerates)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  100 WOODLANE, LANGHORNE, PA 19047  (Principal office address)  ANY AND ALL LAWFUL BUSINESS  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida  Name and attent address of Florida registered agent: (P.O. Box NOT acceptable)  Name: 370 N.E. 23RD WAY  BOCA/RATON.  (City)  (Cit			
(Date of incorporation)  (Date first transacted business in Florida, if prior so registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  100 WOODLANE , LANGHORNE, PA 19047  (Principal office address)  O BOX 1072, LANGHORNE, FA 19047  (Current resiling address)  ANY AND ALL LAWFUL BUSINESS  (Purpose(s) of corporation sufformed in home state or country to be carried out in state of Florida.  Name and attract address of Florida registrated agent: (P.O. Box NOT acceptable)  Name: 370 N.E. 23RD WAY  BOCA:RATON.  (City)  Registered agent's atceptances	1997	<b></b>	PERPETUAL
(Date first transacted business in Florida, if prior 2) registeractor) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine pesselty liability)  100 WOODLANE, LANGHORNE, PA 19047  (Principal office address)  O BOX 1072, LANGHORNE, FA 19047  (Current resilling address)  ANY AND ALL LAWFILL BLISINESS  (Purpose(s) of competition authorized in home state or country to be carried out in state of Florida.  Name and atreet address of Florida registered agent: (P.O. Box NOT socieptable)  Name: Section Thompson  Dock Address: 370 N.S. 2:3RD WAY  BOCA RATON, , Florida 23431  (City)  Registered agent's acceptances		of incorporation)	(Duration: Year sorp. will cours to mist or "perpetual")
(SEE SIECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  100 WOODLANE , LANGHORNE, PA 19047  (Principal office address)  O BOX 1072, LANGHORNE, FA 19047  (Oursest resiling address)  WY AND ALL LAWFUL BLISINESS  (Purpose(s) of corporation sunformed in home state or country to be carried out in state of Floridal  Name and street address of Floridal registered agent: (P.O. Box NOT acceptable)  Name: Service THOMPSON  October 1907 (City)  Registered agent's acceptances	UPON QUALI	FICATION	
(Principal office address)  D BOX 1072, L'ANGHORNE, FA 19047  (Current resiling address)  NY AND ALL LAWFUL BUSINESS  (Purpose(s) of corporation sunforized in home state or country to be carried out in state of Florida:  Iame and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Second THOMPSON  De Address: 370 N.E. 23RD WAY  BOCAIRATON , Florida 23431  (City)  Registered agent's acceptances	· · · · · · · · · · · · · · · · · · ·		
(Principal office address)  O BOX 1072, L'ANGHORNE:, FA 19047  (Current resiling address)  WY AND ALL LAWFUL BUSINESS  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida:  Name and street address of Florida registered agent: (P.O. Box NOT socieptable)  Name: Innover Thiompson  Name: 370 N.E. 23RD WAY  BOCA/RATON , Florida 23431  (City)  Registered agent's accomances	ing Waani A	*	and the state of t
Current resiling address)  (Ourrent resiling address)  (Ourrent resiling address)  (Ourrent resiling address)  (Purpose(s) of corporation authorized in home sease or country to be carried out in state of Florida:  Name and street address of Florida registered agent: (P.O. Box NOT socieptable)  Name: Innover Thioripson  Name: 370 N.E. 23RD WAY  BOCA/RATON , Florida 23431  (City)  Registered agent's accomances	100 110 000		fress)
(Current resiling address)  NY AND ALL LAWFUL BLESINESS  (Purpose(s) of corporation anthorized in home state or country to be carried out in state of Florida:  Name: Hacket Thourson  Name: 370 N.E. 23RD WAY  BOCA:RATON. , Florida 23421  (City)  (City)  Registered agent's accoptances	C 60V 1073	• ,	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida:  Same and attrest address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  BOCA:RATON.  (City)  Registered agent's acceptances	O DOX 1072,		dress)
Name: STATE ON PSON  ice Address: 370 N.E. 23RD WAY  BOCAIRATON. , Florida 23431  (City) (Zip code)  Registered agent's acceptances	(Purpose(	i) of corporation anthorized in home state or cost address of Florida registered agents (P.	Δ <u>C</u>
BOCA/RATON , Florida 23431 (City) (Zip code)	Name:	THOMPSON	
(City) (Zip code)	ice Address:	370 N.E. 23RD WAY	
(City) (Zip code)		BOCA RATON	, Florids 23431
Registered agent's accoptances		(City)	```
		rent's atcomisation	
the transfer and the transfer of the transfer	Registered a		أحاله في حمالهمون عم الماسام ويحاس مراة مماه سيسميم في مماه
	ving beett nen inneted in this	analication. I kereby accept the appoint	ment as registered agent and agree to not in this capacit relative to the proper and complete proformance of my s soliton as registered agent.

11. Anached is a certificate of existence duly authenticated, not more than 30 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having outcody of corporate records in the jurisdiction under the law of which it is incorporated.

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

9042641298

A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director: JEREMY BOWMAN
Address: P.O. BOX 1072
LANGHORNE, PA 19047
Director:
Address:
B. OFFICERS
President: JEREMY BOWMAN
Address: P.O. BOX 1072
LANGHORNE, PA 19047
Vice President:
Address:
Secretary:
Address:
Treasures:
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. JEREMY R. BOWMAN - Resident  (Typed or printed name and capacity of person signing application)

## COMMON WEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

August 22, 2005

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### U.S. SEWER & DRAIN, 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.

Secretary of the Commonwealth