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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

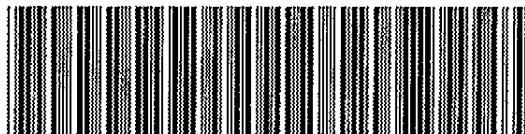
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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CS. 2-7

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SprayMAX, Inc. of Florida
(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:

Grant L. Edwards

(Name of Person)

SprayMAX, Inc. of Florida

(Firm/Company)

PO Box 7241

(Address)

Shreveport, LA 71137

(City/State and Zip code)

For further information concerning this matter, please call:

Grant L. Edwards

(Name of Person)

at (318) 222-0099

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2007

GRANT L. EDWARDS
P.O. BOX 7241
SHREVEPORT, LA 71137

SUBJECT: SPRAYMAX, INC. OF FLORIDA
Ref. Number: W07000002267

We have received your document for SPRAYMAX, INC. OF FLORIDA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your complete document was not received. The first page is missing and also the certificate of existence.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with 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) 245-6047.

Carolyn Lewis
Document Specialist

Letter Number: 707A00003329



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2007

GRANT L. EDWARDS
P.O. BOX 7241
SHREVEPORT, LA 71137

SUBJECT: SPRAYMAX, INC. SOUTHEAST
Ref. Number: W07000002267

We have received your document for SPRAYMAX, INC. SOUTHEAST and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with 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) 245-6047.

Carolyn Lewis
Document Specialist

Letter Number: 707A00003329

**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. SprayMAX, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- SprayMAX, Inc. Southeast
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Louisiana 3. 72-1019964
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1984 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. n/a
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1013 NW Suwannee Ave. Branford, FL 32008
(Principal office address)
- P. O. Box 839 Branford, FL 32008
(Current mailing address)
8. Professional 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: Baynard J. Ward, Jr.
- Office Address: 1013 NW Suwannee Ave.
- Branford, Florida 32008
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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)
Baynard J. Ward, Jr.

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: n/a

Address: _____

Vice Chairman: n/a

Address: _____

Director: n/a

Address: _____

Director: n/a

Address: _____

B. OFFICERS

President: Grant L Edwards

Address: 219 East Frenchmens Bend Road

Monroe, LA 71203

Vice President: Russell L. Edwards

Address: 1026 McArthur

Jacksonville, TX 75766

Secretary: Michael B. Vasko

Address: 301 Jessie Jones Road, Benton, LA 71006

Treasurer: Michael B. Vasko

Address: 301 Jessie Jones Road, Benton, LA 71006

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

13. Michael B. Vasko
(Signature of Director or Officer listed in number 12 of the application)

14. Michael B. Vasko
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

United States of America

State of Louisiana



As Secretary of State, Jay Dardenne, I do hereby Certify that

SPRAYMAX, INC.

A corporation domiciled in SHREVEPORT, LOUISIANA,

Filed charter and qualified to do business in this State on
November 1, 1984,

I further certify that the records of this Office indicate
the corporation has paid all fees due the Secretary of
State, and so far as the Office of the Secretary of State is
concerned is in good standing and is authorized to do
business in this State.

I further certify that this Certificate is not intended to
reflect the financial condition of this corporation since
this information is not available from the records of this
Office.

In testimony whereof, I have hereunto set
My hand and caused the Seal of my Office
To be affixed at the City of Baton Rouge on,

January 24, 2007

Secretary of State
34159027D



Certificate ID: 20070124009182

To validate this certificate, visit the following web site,
go to **Commercial Division, Validate Certificate**, then
follow the instructions displayed.
www.sos.louisiana.gov