# F0900000132

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special instructions to Filing Officer:							

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SECRETARY OF STA

ALLAHASSEE, FLOR

12/13/09

### **COVER LETTER**

TO:	New Filing Secti Division of Corp				
SUBJ	ECT: Profes	sional Facilities Ma	anagement Inc		
	-	(Name of corpora	ation - must include suffix	)	
Dear S	ir or Madam:				
"Certif				act Business in Florida," need foreign corporation to	
Please	return all correspo	ndence concerning this mat	ter to the following:		
Gre	g Littlefield S	r			
		(Name	of Person)		
Profe	essional Facilit	ies Management Inc			
		•	Company)		
4164	Troy Highw	<del>.</del>			
		`	ddress)		
Mon	tgomery, AL				
		(City/Sta	te and Zip code)		
For fur	ther information c	oncerning this matter, pleas	e call:		
Greg	Littlefield S	r at ( 334	1 ) 281-7754 ext	t. 1169	
	(Name of Person	ar (	ea Code & Daytime Telepl		
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		
Enclos	ed is a check for th	ne 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.	Professional Facilities Management Inc									
		orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ED,	"COMPANY," "CORPORATION,"						
	Profession	al Facilities Management	In	c of Alabama						
	(If name unavaila	ble in Florida, enter alternate corporate na	me	adopted for the purpose of transacting bu	isiness ir	Flori	ia)			
2.	Alabama		3.	63-1031765						
	(State or country t	under the law of which it is incorporated)		(FEI number, if applicat	ole)					
4.	06-05-198	6	perpetual							
	(Date	of incorporation)		(Duration: Year corp. will cease to exi	st or "pe	rpetual	<u>''')</u>			
6.	N/A									
	4164 Troy	(SEE SECTIONS 607.1501 & 607		n Florida, if prior to registration) 602, F.S., to determine penalty liability)	SECRE	AC 60	challent.			
<i>*</i> •,		(Principal office a	ıddı	ress)	A C		3 (			
	Montgomery, AL 36352									
	(Current mailing address)									
8.	Any and al	ORID	<u>.</u>							
	(Purpose(s)	of corporation authorized in home state or	r co	untry to be carried out in state of Florida	.)					
9.	Name and street	t address of Florida registered agent: (1	P.C	. Box NOT acceptable)						
	Name:	Greg Littlefield Sr								
0	ffice Address:	105 Commercial Parkway	_	<del></del>						
		Santa Rosa Beach		, Florida 32459						
		(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.

Greg Rittletield 5n.
(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: N/A Address: Vice Chairman: N/A Address: Director: N/A Director: N/A Address: **B. OFFICERS** President: Greg Littlefield Sr Address: 4164 Troy Highway Montgomery, AL 36116 Vice President: N/A Address: Secretary: N/A Address: \_\_\_ Treasurer: N/A Address: \_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Greg Rittlefield Sc.
(Signature of Director or Officer listed in number 12 of the application) 14. Greg Littlefield Sr

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

Beth Chapman Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that Professional Facilities Management, Inc. incorporated in Montgomery County, Montgomery, Alabama on June 5, 1986. I further certify that the records do not disclose that said Professional Facilities Management, Inc. has been dissolved.

O9 JAN 13 AM 8: 20
SECRETARY OF STALE



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

January 8, 2009

Date

Beth Chapman

Beth Chapman

Secretary of State