| (Requestor's Name) | | | | |
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| (Address) | | | | |
| | | | | |
| (Address) | | | | |
| | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | WAIT | MAIL | | |
| | | | | |
| (Bu | siness Entity Nam | ne) | | |
| | | | | |
| (Do | cument Number) | | | |
| Certified Copies | Certificates | of Status | | |
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| Special Instructions to | Ciling Officer | | | |
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KOMNINOS LAW GROUP, LLC

Attorneys at Law (813) 251-3444 (Telephone) (813) 769-3534 (Facsimile) www.KFLawGroup.com

Serving: Tampa, New Tampa, Dade City, Wesley Chapel & Zephyrhills

August 31, 2009

| Please Reply To: | | |
|------------------------------|---------------------------|-----------------------|
| X 8270 Woodland Center Blvd. | □ 7320 East Fletcher Ave. | □ 5225 8th Street |
| Tampa, FL 33614 | Tampa, FL 33637 | Zephyrhills, FL 33542 |

VIA US MAIL

Ć.

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Dear Sir/Madame:

Please find enclosed:

- 1. The original State of Georgia Certificate of Existence for Professional Carpet & Upholstery Care, Inc;
- 2. One (1) original of Application by Foreign Corporation for Authorization to Transact Business in Florida; and
- 3. One (1) check in the amount of seventy dollars (\$70.00) to cover the filing fees.

Please file the aforementioned on behalf of the above company.

If you should have any questions and/or concerns, please do not hesitate to contact me directly.

Sincerely,

Tom Komninos Legal Assistant

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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| | | | ATUTES. THE FOLLOWING IS SUBMI USINESS IN THE STATE OF FLORIDA. | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Profession | nal Carpet & Upho | 15/4 | ry Care, Inc. | | |
| (Enter name of co | rporation; must include "INCORPORA" | | | | - |
| "Inc.," "Co.," "Co | rp," "Inc," "Co," or "Corp.") | | | | |
| | | | | | |
| (If name unavailal | ble in Florida, enter alternate corporate n | ame a | dopted for the purpose of transacting busines | ss in Florida) | • |
| | ROYAIA | _ | | ,, | |
| 2. (State or country u | nder the Jaw of which it is incorporated) | _ 3 | (FEI number, if applicable) | · | |
| , | 2/29/1993 | 5. | Perpetual | | |
| (Date of | of incorporation) | | (Duration: Year corp. will cease to exist or | "perpetual") | • |
| 6. | N/A | | | | |
| 0, | | | Florida, if prior to registration) | | • |
| <i>a</i> >- | | | 2, F.S., to determine penalty liability) | 1 61 | 32/11 |
| 7. 82 | (Principal office | ال (| ENTER BLUD. TAMP | 7 7 | ,776/ |
| Liu C | | | | 1030 | () |
| | (Current mailing | addre | STEIDO, MARIETTA, | 94 Jag | .6 / |
| | | , | | ** | |
| 8. | Carpet & Upholster | 4 | Cleaning | · · · , · · | |
| (Purpose(s) | of corporation authorized in home state | or cou | ntry to be carried out in state of Florida) | | p |
| 9. Name and street | address of Florida registered agent: | (P.O. | Box NOT acceptable) | 2009 | SIVIE 3S |
| Name: | GREGORY R.C | DL. | € | SE | ORE CRE |
| | 8770 V000 LAN | | 4 | , (2) | SAN E |
| Office Address: | () A | | 72/14 | 70 | R R R R R R |
| | | | , Florida | :3± ധ | ST/ |
| • | (City) | | (Zip code) | 2 | THE STATE OF THE S |
| 10. Registered age | | _ | | | ক • |
| Having been name | d as registered agent and to accept s application. I hereby accept the appo | servico Sintma | e of process for the above stated corpord ent as registered agent and agree to act | ttion at the p in this capac | place citv. I |
| further agree to co | mply with the provisions of all statu | tes rel | ative to the proper and complete perfor | mance of m | y duties, |
| and I am familiar | with and accept the obligations of m | y posi 2 | tion as registered agent. | | |
| | | | | | |
| 4 | wy /h/ | | | | |
| e de la companya de La companya de la co | (Registered agent's signal | ture) | | | |
| 11. Attached is a co | ertificate of existence duly authenticate | ated, n | ot more than 90 days prior to delivery of | f this applica | tion 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 | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS |
|----------------------------------------------------------------------|---------------------------------------------------------------|
| Chairman: | 2009 SEP -3 PM 3: 50 |
| ddress: | |
| ce Chairman: | |
| ldress: | |
| rector: | |
| ldress: | |
| | |
| ddress: | |
| resident: Glegory R. Cole ddress: 8270 WOODLAND CT TAMPA, FL-37614 | BUP. |
| ice President: | |
| ddress: | |
| cretary: | |
| idress: | |
| easurer: | |
| ddress: | |
| OTE: If necessary, you may attach an addendum to | the application listing additional officers and/or directors. |
| 3. Signature of Director or Office | r listed in number 12 of the application) |
| 4 | anacity of person signing application) |

Control No. **K400700**

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE **OF EXISTENCE**

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia. hereby certify under the seal of my office that

PROFESSIONAL CARPET & UPHOLSTERY CARE INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 12/29/1993 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 25th day of August, 2009

Haun C. Handel

Karen C Handel Secretary of State