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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : LICENSES ETC INC
Account Number : I20070000159
Phone : (239) 777-1028
Fax Number : (877) 275-3593

RECEIVED
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

Commercial Equipment Service, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

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LICENSES ETC
9/16/2009 1:33:13 PM PAGE 1/001 Fax Server

PAGE 02/06



September 16, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LICENSES ETC INC

SUBJECT: CES OF FLORIDA, INC.
REF: W09000041570

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

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.

The alternate name is not available. Please choose a new alternate name.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return the corrected original and one copy of 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) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

FAX Aud. #: H09000200949
Letter Number: 309A00030526

P.O BOX 6327 - Tallahassee, Florida 32314

H09000200949 3

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Commercial Equipment Service, Inc.
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," or "Certificate of Good Standing" 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:

Chrissi Jackson

Name of Person

Licenses Etc., Inc.

Firm/Company

15275 Collier Blvd. #201-300

Address

Naples, FL 34119

City/State and Zip code

Etc@licensesetc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chrissi Jackson

Name of Person

at (239) 777-1028

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 Cop ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

H09000200949 3

H09000200949 3

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSECT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSECT BUSINESS IN THE STATE OF FLORIDA.*

1. Commercial Equipment Service, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

CES of Central Florida, Inc

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Kentucky

(State or country under the law of which it is incorporated)

3. 61-1270082

(FEI number, if applicable)

4. 09/27/94

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1801 Mapleleaf Blvd, Oldsmar, FL 34677

(Principal office address)

1801 Mapleleaf Blvd, Oldsmar, FL 34677

(Current mailing address)

8. All legal purposes

(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: Charles Vaught

Office Address: 1801 Mapleleaf Blvd

Oldsmar

(City)

Florida 34677

(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.

(Registered agent's signature)

Charles Vaught - President

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.

H09000200949 3

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TALLAHASSEE, FLORIDA

H09000200949 3
12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Charles Vaught

Address: 1801 Mapleleaf Blvd

Oldsmar, FL 34677

Vice President: David Steinbrecher

Address: 13002 Rehl Road

Louisville, KY 40299

Secretary: Timothy Fries

Address: 10709 Chain Ivy Court, Louisville, KY 40291

Treasurer: Timothy Fries

Address: 10709 Chain Ivy Court, Louisville, KY 40291

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. Charles Vaught - President

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

H09000200949 3

H09000200949 3

Commonwealth of Kentucky
Trey Grayson, Secretary of State

9/15/2009

Division of Corporations
Business Filings
P. O. Box 718
Frankfort, KY 40602
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication Number: 85563

Visit <http://apps.sos.ky.gov/business/cob/certvalidate.aspx> to authenticate this certificate.

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

COMMERCIAL EQUIPMENT SERVICE, INC.

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is September 27, 1994 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 15th day of September, 2009.

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Tn6z
Trey Grayson
Secretary of State
Commonwealth of Kentucky
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