# F09000004778

(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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TALLAHASSEE FLORIES

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### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: <u>GTS Services</u> , Inc.	
	n - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Star referenced foreign corporation to transact business in F	nding"and check are submitted to register the above
Please return all correspondence concerning this matter	r to the following:
Christian Thomey	
Name of	Person
GTS Services, Inc.	
Firm/Con	npany
1000 Constitution Boulevard	
Addr	ess
Nov Voncincton Démain-1i- 1500	TAL SI
New Kensington, Pennsylvania, 1506 City/State a	and Zip code
sjackson@gtsservicesinc.com	ind Zip code
	for future annual report notification)
	m <sub>O</sub>
For further information concerning this matter, please of	
	FALS
Christian Thomey at (_412	
Name of Person Area	Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
New Filing Section Division of Corporations	New Filing Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & XX \$87.50 Filing Fee, Certified Cop Certified Copy Contified 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.	GTS Services, Inc.							
	(Enter name of corporation; must include "INCORPORATE	ED,	` "COMPANY,"	"CORPORA	TION.	,,,		
	"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")							
			1.2.1			<del> </del>	·	
	(If name unavailable in Florida, enter alternate corporate na	me a	adopted for the p	urpose of tran	sacting	business	in Flor	ida)
2.	Pennsylvania	3.	Federal '	Tax ID #20	)-213	8889		
	(State or country under the law of which it is incorporated)		(	FEI number,	if appli	cable)		
4.	December 13, 2004	5.	Perpetua	1.				
•	(Date of incorporation)	-	(Duration: Yea	r corp. will ce	ase to	exist or "p	erpetua	ıl")
,	December 1, 2009 (date of Florida re	ort	stration)					
6.	(Date first transacted busines			to registration	.,			
	(SEE SECTIONS 607.1501 & 607			-	•	Λ		
	(SEE SECTIONS OF LIGHT & OV)	.,,	02, 1.0., 10 000	mine penancy		,		
7.	1416 Aster Court, Winter Park, FL 3	327	92					
•	(Principal office a	ıddr	ess)					<u>_</u>
	1000 0 D. 1 1 W F			1	1506	0		
	1000 Constitution Boulevard, New Ken (Current mailing a			sylvania,	1300	<u> </u>		
	(Current maning a	iuui	C88)			Z <sub>s</sub>	2	
				•			Ē	
8.	General commercial construction/buil	ld1	ng trade fa	cilities s	ervi	ces <del>≧</del> ਔ	9- ADN 6002	racyo
	(Purpose(s) of corporation authorized in home state or	co	untry to be carrie	ed out in state	of Flor	ida 🔀 🔀	~	-
						SE	ġ	The same
9.	Name and street address of Florida registered agent: (I	P.O	Box NOT acc	ceptable)		₩.	_0	
	Name: William Steven Jackson					70	PH 1:25	Parent P
	Name: William Steven Jackson		<del></del>			20		D. Company
$\bigcirc$	ffice Address: 1416 Aster Court					No.	25	
<b>O</b> 1	ition ( tautess.		<del></del>					
	Winter Park		, Florida _	32792	_			
	(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.

(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. DIRECT	IORS	
Chairman:		
Address:		
Vice Chairma	un:	
Director:		
Director:		
-		
B. OFFICE		7A. 23
	Christian Thomey	B NO
	1000	SA
Address:	· · · · · · · · · · · · · · · · · · ·	(C)
	New Kensington, PA 15068	
Vice President	t:	
Address:		
<del></del>		
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE IC		
	ecessary, you may attach an addendum to the application listing additional o	officers and/or directors.
13	(Signature of Director or Officer listed in number 12 of the application	ation)
14.	Christian Thomey Person	,
	(Typed or printed name and capacity of person signing application	on)

#### COMMONWEALTH OF PENNSYLVANIA

#### DEPARTMENT OF STATE

**OCTOBER 1, 2009** 

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

GTS SERVICES, INC.

remains a subsisting corporation so far as the records of this office show, as of the date herein.

THE COMMONWEALTH APPLICATION OF THE COMMON O

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

Certification Number: 8339466-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp