Page 1 of 2

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000247503 3)))



H090002475033ABC/

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To:

Division of Corporations*

Fax Number

: (850)617~6381

From:

Account Name

Account Number : FCA00000002

Phone Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Smail.	Addxess:	4	See	coversheet &	
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FOREIGN PROFIT/NONPROFIT CORPORATION Mint Condition Franchising, Inc.

	(a)
Certificate of Status	0
Certified Copy	0
Page Count	246
Estimated Charge	\$70.00



November 30, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT

SUBJECT: MINT CONDITION FRANCHISING, INC.

REF: W09000052101

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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 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) 245-6929.

Justin M Shivers Regulatory Specialist II New Filing Section FAX Aud. #: H09000247503 Letter Number: 709A00036650

COVER LETTER

TO: New Filing Section Division of Corporations	•	
SUBJECT: Mint Condition Franchising, Inc	<u>,</u>	
	corporation - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corp "Certificate of Existence," and check are su transact business in Florida:	noration for Authorization to Transact Business in Florida," bmitted to register the above referenced foreign corporation to	
Plesse return all correspondence concerning	this matter to the following:	
	Nancy Kubilus	•
	Name of Person	
Mint C	Condition Franchising, Inc.	
	Firm/Company	
1057 52 1 Co	orporate Center Drive, Suite 165	1
·	Address	
·1	Fon Mill, SC 29707	
	City/State and Zip code	
nkubilus@mintconditioninc.		2004
E-mail address: (1	to be used for future annual report notification)	≥
For further information concerning this matt	SP Y	hz, AON 6882
Nancy Kubilus at	Area Code & Daytime Telephone Number	
Name of Person	Area Code & Daytime Telephone Number	E C S
STREET/COURIER ADDRESS: New Filing Sections Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tullahassee, FL 32314	•
Enclosed is a check for the following amount \$\times \text{\$\times \text{570.00 Filing Fee}} \text{\$\text{578.75 Filing Fee}} \text{Certificate of S}	e & S78.75 Filing Fee & S87.50 Filing Fee,	
***************************************	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.

		ne adopted for the purpose of transacting bu	siness in Florida)	
North Carolina	under the law of which it is incorporated)	3, 36-1993909	(6)	
October 16, 19	•	(FEI number, if applicab Perpetual	· · · · · · · · · · · · · · · · · · ·	
(Dat	e of incorporation)	(Duration: Year corp. will cease to exis	t or "perpetual")	
April 27, 2009		•		
		s in Florida, if prior to registration)		
1057 521 Corpor	ate Center Drive, Suite 165, Fort Mill, SC 2	.1502, F.S., to determine penalty liability)		
		<i>71</i> 4 1		
	(Principal office a			
1057 521 Carpo		idress)		
1057 521 Carpo	(Principal office a	idress) 9707	SE AL	
1057 521 Corpo	(Principal office a rate Center Drive, Sulte 165, Port Mill, SC (Current mailing a	idress) 9707	SECRE SALLAH	
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Janitorial Franc	(Principal office a rate Center Drive, Sulte 165, Port Mill, SC (Current mailing a hise	idress) 9707 Idress) country to be carried out in state of Florida)	ZY SSEE	
Janitorial Franc	(Principal office a rate Center Drive, Sulte 165, Port Mill, SC (Current mailing a hise	idress) 9707 Idress) country to be carried out in state of Florida)	ZY PH	i
Janitorial Franc (Purpose) Name and stre Name:	(Principal office a rate Center Drive, Sulte 165, Port Mill, SC (Current mailing a hise s) of corporation authorized in home state of st address of Florida registered agent: (I	idress) 9707 Idress) country to be carried out in state of Florida)	24 PHI2: RY OF STA SSEE, FLOR	
Janitorial Franc (Purpose) Name and stre	(Principal office a rate Center Drive, Sulte 165, Port Mill, SC (Current mailing a face) of corporation authorized in home state of st address of Florida registered agent: (If C T Corporation System	idress) 9707 Idress) country to be carried out in state of Florida)	ZY PH	

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.

By: Michael Scraphin Asst. Secretary

(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.

PLO19 - 05/01/2009 C T System Caline

12. Names and outsides addresses of others and or all address.			
A. DIRECTORS			
Chairman: John F. Saumby	- -		_
Address: 1057 521 Corporate Center Drive, Suite 165, Fort Mill, SC 29707		·	
Vice Chairman:	·		_
Address:			
	· · · · · · · · · · · · · · · · · · ·		-
Director: Marcy L. Saumby			_
Address: 1057 521 Corporate Center Drive, Suite 165, Fort Mill, SC 29707			<u>"</u>
Director:			~ . -
.ddress:		-2009	_
o Officers	HA	VOV.	
resident: John F. Saumby	SES SES	Z	ľ
ddress: 1057 521 Corporate Center Drive, Suite 165, Fort Mill, SC 29707	7. F	PK .	- j-
	TAT		
ice President: Marcy L. Saumby	Ş¢:	70	_
ddress: 1057 521 Corporate Center Drive, Suite 165, Fort Mill, SC 29707			-
ecretary: Marcy L. Saumby			-
ddress: 1057 521 Corporate Center Drive, Suite 165, Fort Mill, SC 29707			•
easurer; Marcy L. Saumby			-
ddress: 1057 521 Carporate Center Drive, Suite 165, Fort Mill, SC 29707			_
OTE: If necessary, you may attach an addendum to the application listing additional officers and	or directors.		•
(Signature of Director or Officer listed in number 12 of the application)			•
JOHN F SAUMAY PRESIDENT			
(Typed or printed name and capacity of person signing application)			



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

MINT CONDITION FRANCHISING, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 16th day of October, 1996, with its period of duration being Perpetual.

l FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

TALLAHASSE OF STATE



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of November, 2009,

Secretary of State

6 laine I. Marshall

lertification# 89724570-1 Reference# 9883671- Page: 1 of 1 /crify this certificate online at www.secretary.state.nc.us/verification