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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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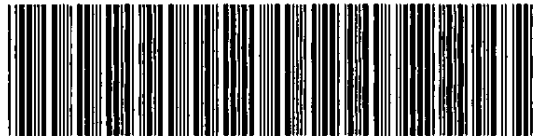
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

J. Shivers JAN 19 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Infection Control Services, 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:

Gary T. Fileman, Esq.

Name of Person

Fileman Law Firm, P.A.

Firm/Company

110 Sullivan Street, Suite 111

Address

Punta Gorda, Florida 33950

City/State and Zip code

gfileman@filemanlaw.com

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

For further information concerning this matter, please call:

Gary T. Fileman

Name of Person

at (941) 833-5560

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

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**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. Infection Control Solutions, Inc.

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

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

2. Delaware

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

3. 01-0936858

(FEI number, if applicable)

4. November 23, 2009

(Date of incorporation)

5. perpetual

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

6. upon qualification

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

7. 1502 Sunkist Way, Fort Myers, Florida 33905

(Principal office address)

1502 Sunkist Way, Fort Myers, Florida 33905

(Current mailing address)

8. Cleaning Services

(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: Gary T. Fileman, Esq.

Office Address: 110 Sullivan Street, Ste 111

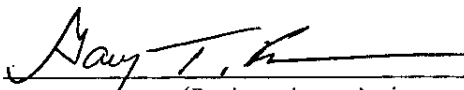
Punta Gorda, Florida 33950

(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.

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12: Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: PORTIA ABBETT WRIGHT

Address: 1502 SUNKIST WAY
FORT MYERS, FLORIDA, 33905

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: PORTIA ABBETT WRIGHT

Address: 1502 SUNKIST WAY
FT MYERS, FLORIDA 33905

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Portia Abbett Wright
(Signature of Director or Officer listed on number 12 of the application)

14. PORTIA ABBETT WRIGHT / CHAIRMAN / PRESIDENT
(Typed or printed name and capacity of person signing application)

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE REGISTERED AGENT ON RECORD FOR "INFECTION CONTROL SOLUTIONS, INC." IS DELAWARE ENTITY SERVICES LLC, 1007 NORTH ORANGE STREET,, NINTH FLOOR, WILMINGTON DE 19801.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INFECTION CONTROL SOLUTIONS, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF NOVEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

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TALLAHASSEE, FLORIDA

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AUTHENTICATION: 7671007

DATE: 12-02-09