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(Requestor's Name)						
(Address)						
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(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(business Entry Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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10/01/10--01024--001 **70.00

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Pro Maintenance Supply, Inc		
	orporation - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corpo "Certificate of Existence," or "Certificate of above referenced foreign corporation to trans	pration for Authorization to Transact Business in Flor Good Standing" and check are submitted to register to eact business in Florida.	rida,'' ihe
Please return all correspondence concerning	this matter to the following:	
Paul Verna		
	Name of Person	
Verna & Associates		
	Firm/Company	
105 Jessup Rd Suite 100		
•	Address	
Thorofare, NJ 08086		
C	ity/State and Zip code	
E mail address: (t	o be used for future annual report notification)	
For further information concerning this matter	er, please call:	
Terri Sennett at	(856) 384-8400	
Name of Person	Area Code & Daytime Telephone Number	DIVISION C
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	-1 PH 4: 04
Enclosed is a check for the following amount	:	
✓ \$70.00 Filing Fee		of Status &

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.	Pro Maintenanc	e Supply, Inc				_
		rporation; must include "INCORPORAT rp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"		
	(If name unavaila	ble in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting business in F	lorida	1)
2.	New Jersey		3.	52-2213188		·
٦.	(State or country u	inder the law of which it is incorporated)	_ `	(FEI number, if applicable)	•	_
4.	03/01/2000		5.	Perpetual		_
	(Date of	of incorporation)	"	(Duration: Year corp. will cease to exist or "perpe	tual")
6.	10/012010					
		•		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	_	_
		•		502, F.S., to determine penalty habitity)		
7.	304 Parkville Sta	tion Rd, PMB 232 Mantua, NJ 08051				
		(Principal office	auu	ress)		
	105 Jessup Rd S	Suite 100 Thorofare, NJ 08086				_
		(Current mailing	add	ress)		
8.	Maintenance Su	pply Sales				—:a
	(Purpose(s)	of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)		N.S.
9.	Name and street	address of Florida registered agent:	(P.C	D. Box NOT acceptable)	- 130	40 NOT
	Name:	Michael McIntyre			_	825
O	office Address:	501 & 503 St Paula Drive			PH 4: 02	- (SE) (SE
		Dunedin		, Florida <u>34698</u>	⊋	,
		(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.

A. DIRECTORS Chairman: Mark Labbree Address: 8 St Emilion Ct Woodbury, NJ 08096 Vice Chairman: Michael McIntyre Address: 307 Buttonwood St Wenonah, NJ 08090 Director: Address: ______ Director: Address: ___ **B. OFFICERS** President: Mark Labbree Address: 8 St Emilion Ct Woodbury, NJ 08096 Vice President: Michael McIntyre Address: Wenonah, NJ 08090 Wenonah, NJ 08090 Secretary: __ Address: Address: __ NOTE: 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) 14 Michael McIntyre

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

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

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY SHORT FORM STANDING

SECRETARY OF MALE

2010 OCT - 1 PM 4: 04

PRO MAINTENANCE SUPPLY, INC.

0100805090

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on January 24, 2000.

As of the date of this certificate, said business continues as an active business in the State of New Jersey. Annual Reports are outstanding for the following year(s):

2010

I further certify that the registered agent and registered office are:

Mark S Labbree P M B 232 1107 Mantua Pike, Ste 704 Mantua, NJ 08051 1674

CREAT SEATON STATES OF STA

Certification# 118319476

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 28th day of September, 2010

Andrew P Sidamon-Eristoff
State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify Cert.jsp