Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160 : (800)494-3124 Phone : (561)455-9885 Fax Number

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

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION I B WORRILDS SERVICES, INC.

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Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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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.

(Enter name of c	OS SERVICES, INC. orporation; must include "INCORPORATE! orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"	·
2.5., 20., 2	op,, oo, o. oop, ,		
(If name unavail	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting bus	iness in Florida)
DELAWARE	3	3, 27-4838397	
(State or country	under the law of which it is incorporated)	(FBI number, if applicabl	E)
02/08/2011		, PERPETUAL	
(Date	of incorporation)	(Duration: Year corp. will cease to exist	or "perpetual")
S. UPON QUA			
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
, 1566 SW D	YCUS AVE, PORT ST LUCI	E, FL 34953	
-	(Principal office ac	idress)	
1566 SW I	DYCUS AVE, PORT ST LU	·	
	(Current mailing a	ddress)	
_{3.} to engage i	n any activity or business permi	tted under the laws of the State	of Florida.
(Purpose(i) of corporation authorized in home state or	country to be carried out in state of Florida)	
). Name and stree	et address of Florida registered agent: (P	O. Box NOT acceptable)	
Name:	MARVIN K. TERRY SR.		FB 14
Office Address:	1566 SW DYCUS AVE		
	PORT ST LUCIE	, Florida 34953	
	(City)	(Zip code)	D 43
			Salar (in)

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.

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:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: ROSLYNN TERRY	
Address: 1566 SW DYCUS AVE, PORT ST LUCIE, FL 34953	
Vice President: MARVIN K, TERRY SR.	第
Address: 1566 SW DYCUS AVE, PORT ST LUCIE, FL 34953	
	<u> </u>
Secretary:	<u>ω</u>
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional office	ers and/or directors.
13. Reslyun Jersey Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 12 above) affirms are true and that he or she is aware that false information submitted in a document to the Depthird degree felony as provided for in s.817.155, F.S.	
14. ROSLYNN TERRY, 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 "I B WORRILDS SERVICES, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS

THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF

FEBRUARY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "I B WORRILDS SERVICES, INC." WAS INCORPORATED ON THE EIGHTH DAY OF FEBRUARY, A.D. 2011.

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You may werify this certificate online at carb. delaware. gov/authver.shtml

AUTHENTICATION: 8558903

DATE: 02-14-11

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