

F11000002709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
7/5

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Streamline 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:

Felix Polanco
Name of Person
Streamline Services Inc.
Firm/Company
5986 Chardee Rd.
Address
Crestview, FL 32539
City/State and Zip code
Felixpolanco@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Felix Polanco at (888) 635-7773
Name of Person 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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11 JUL -1 AM 10:56

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2011

FELIX POLANCO
STREAMLINE SERVICES INC.
5986 CHARDEE RD.
CRESTVIEW, FL 32539

SUBJECT: STREAMLINE SERVICES INC.
Ref. Number: W11000032875

We have received your document for STREAMLINE SERVICES INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The alternate name is not available also.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 411A00014796

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

~~Streamline Services Inc.~~ Stream L. Services Co.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wyoming 3. 45-2511414
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 16, 2010 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 5986 Chardee Rd, Crestview, FL. 32539
(Principal office address)

5986 Chardee Rd, Crestview, FL. 32539
(Current mailing address)

8. Consulting in Credit Repair, Marketing, Product, Planning and development
(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)

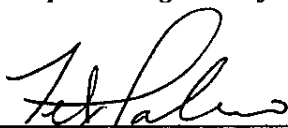
Name: Felix Polanco

Office Address: 5986 Chardee rd

Crestview, Florida 32539
(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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

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Chairman: Felix Polanco

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Address: 5986 Chardee rd
Crestview, FL 32539

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Vice Chairman: "Same as above"

Address: _____

Director: " "

Address: _____

Director: " "

Address: _____

B. OFFICERS

President: Felix Polanco

Address: 5986 Chardee rd.
Crestview, FL 32539

Vice President: Same as above

Address: _____

Secretary: Same as above

Address: _____

Treasurer: Same as above

Address: _____

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

13. Felix Polanco

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Felix Polanco President of Streamline Services Inc.
(Typed or printed name and capacity of person signing application)

STATE OF WYOMING
Office of the Secretary of State

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**SECRETARY OF STATE
TALLAHASSEE-FLORIDA**

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby
certify that according to the records of this office,

Streamline Services Inc.

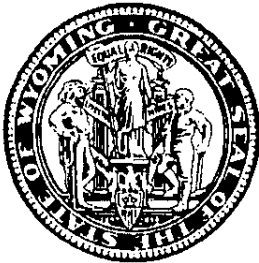
is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **April 16, 2010**, comply with all applicable
requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity
identification number **2010-000583267**.

This entity is in existence and in good standing in this office and has filed all annual reports
and paid all annual license taxes to date, or is not yet required to file such annual reports; and has
not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed,
authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming
on this 2nd day of June, 2011 at 11:20 AM. This certificate is assigned 010092419.



Max Maxfield
Secretary of State