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

MRD /24/12

COVER LETTER

TO: New Filing Section Division of Corporations						
SUBJECT: HAZMED, 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:						
Tina G. Radway						
Name of Person .						
HAZMED, Inc.						
Firm/Company						
9410 Annapolis Road, Suite 200						
Address						
Lanham, MD 20706						
City/State and Zip code						
tradway@hazmed.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Tina G. Radway at (301) 577-9339, ext. 205						
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 \$\ \text{Certificate of Status} \text{\$\sum_{\text{Certified Copy}}\text{\$\sum_{\text{S78.75}}\$ Filing Fee & Certified Copy} \text{\$\sum_{\text{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.

1. HAZMED, Inc			•			
	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"			
,	,,,,,					
Hazardous & Medical Waste Services, Inc. (HAZMED)						
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)						
2. Mayrland		3.	52-1594557			
(State or country i	under the law of which it is incorporated)		(FEI number, if applicable)			
4. 10/17/1988		5.	Perpetual			
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")			
6. <u>N/A</u>						
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)						
_{7.} 9410 Annar	polis Road, Suite 200, Lanh	an	n, MD 20706	•		
	(Principal office	add	ress)			
9410 Anna	polis Road, Suite 200, La					
(Current mailing address)						
8 Environmental Engineering and Information Technology Consulting 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:	Jacqueline W. Sales		TAL SE	-		
Office Address:	26 N. Creek Court		LAET CRET	=		
	Palm Coast		, Florida 32137	m		
	(City)		(Zip code)	O		
Name: Jacqueline W. Sales Office Address: 26 N. Creek Court Palm Coast (City) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation of 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.						
Lolos (1) Conidousant						

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors: A. DIRECTORS Vice Chairman: Director: Jacqueline W. Sales Address: 9410 Annapolis Road, Suite 200, Lanham, MD 20706 Director: Address: _ **B. OFFICERS** President: Jacqueline W. Sales Address: 9410 Annapolis Road, Suite 200, Lanham, MD 20706 Vice President: Address: Secretary: Tina G. Radway Address: 9410 Annapolis Road, Suite 200, Lanham, MD 20706 Treasurer: Jacqueline W. Sales Address: 9410 Annapolis Road, Suite 200, Lanham, MD 20706 **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Tina G. Radway, Secretary

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

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT HAZMED, INC., INCORPORATED OCTOBER 17, 1988, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JANUARY 05, 2012.

Paul B. Anderson Charter Division

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301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

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