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(Requestor's Name)	
(Address) (Address)	600235797866
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	06/04/1201031014 **78.75
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Special Instructions to Filing Officer:	FILED 12 JUL -9 PH 4:05 SECNETARY OF SUATE TALLANASSEE, FLODES
Office Use Only	
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COVER LETTER

TO:	New Fil	ing Section		•		
	Division	of Corporat	ions			
SUBJI	ECT:	T86	Cleaning	Sustems,	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," 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:

Daniel (van)-ford
(Name of Person)
TB6 Cleaning Systems Int.
(Firm/Company)
3500 Lenox Road Suite 1500
(Address)
Atlanta, GA 30326
(City/State and Zip code)

For further information concerning this matter, please call:

<u>Crawford</u> at (<u>104</u>) <u>849-5270 (404) 419-2279</u> (Area Code & Daytime Telephone Number) (Name of Person)

STREET/COURIER ADDRESS:

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL_32301

Enclosed is a check for the following amount:

□ \$70.00 Filing Fee

☑\$78.75 Filing Fee & Certificate of Status

MAILING ADDRESS:

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

S78.75 Filing Fee & Certified Copy □\$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 5, 2012

DANIEL CRAWFORD 3500 LENOX ROAD STE 1500 ATLANTA, GA 30326

SUBJECT: TBG CLEANING SYSTEMS, INC. Ref. Number: W12000030726

We have received your document for TBG CLEANING SYSTEMS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4) or 608.502(4), F.S., this office is required to collects a civil penalty of \$1,000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist II Letter Number: 412A00015943

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist II

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Letter Number: 412A00015943

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 Tallabassee Florida 32314

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 corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," 1. Π, "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") 5 G (If name unavailable in Florida, enter alternate sorporate name adopted for the purpose of transacting business in Florida) $\frac{6 \text{ eorgia}}{\text{(State or country under the law of which it is incorporated)}} 3. \frac{58 - 257 - 4337}{\text{(FEI number, if applicable)}}$ 2. 10/05/2000 (Date of incorporation) _____ 5. _ (Duration: Year corp. will cease to exist or Upon 9. 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) Current mailing address) eaning Service 8. (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: Trail N Suite 220 Naples Office Address: Flordia, Florida 324/12 (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.

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

Chairman:				14. *
Address: 350 4 7 7 7 7 7 7 7 7 7 7	A. DIRECTORS			t y standard
Address: 350 4 7 7 7 7 7 7 7 7 7 7	Chairman:			<u> </u>
Vice Chairman:	Address:			·
Address:			in in	
Director:	Address:		÷`	
Director:	Director:			
Director:				
B. OFFICERS President Daniel Crawford Address: 3500 Lenox Road Suite 1500 AHlanta, 6A 30326 Vice President: Address: Secretary: Barbara Crawford Address: 5500 Lenox Road Suite 1500 Atlanta, 6H 3032 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/ordirectors. 13. NOTE: If necessary, you may attach an addendum to the application listing additional officers and/ordirectors. 13. NOTE: If necessary, you may attach an addendum to the application listing additional officers and/ordirectors. 13. Note: If necessary, you may attach an addendum to the application listing additional officers and/ordirectors. 13. Note: If necessary, you may attach an addendum to the application listing additional officers and/ordirectors. 14. Note: If necessary, you may attach an addendum to the application listing additional officers and/ordirectors. 15. 16. 17. 17. 18. 18. 19. 19. 19. 19. 19. 19				
B. OFFICERS President Daniel Crawford Address: 3500 Lenox Road Suite 1500 Address: Address: Secretary: Barbara Crawford Address: 2500 Lenox Road Suite 1500 Atlanta, 611 3032 Treasurer: Address: NOTE: If necessary, you may attach an adjendum to the application listing additional officers and/ordirectors. 13				
Vice President:	B. OFFICERS President Daniel Crawfor Address: 3500 Lenox Ros	I ad Suite 1500		
Secretary: <u>Barbara</u> <u>traw for</u> Address: <u>3500 Lenox Road Suite 1500</u> <u>Htlanta, 611 3032</u> Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/ordirectors. 13. <u>Handel</u> <u>tan too</u> <u>Hesident</u> (Signature of Director or Officer listed in number 12 of the application)				
Secretary: <u>Barbara</u> <u>(raw.ford</u> Address: <u>3500 Lenox Road Suite 1500</u> <u>Atlanta, 611 3032</u> Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/ordirectors. 13. <u>Manuel</u> <u>(signature of Director or Officer Listed in number 12 of the application)</u>	Address:			
Treasurer:Address:Address:	Secretary: Barbara Graw.	ford		
Address:	Address: 3500 Lenox K	Coad Suite 1500	Atlanta, 6H	3032
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/ordirectors. 13. <u>Signature of Director or Officer listed in number 12 of the application</u>	Treasurer:			
13. <u>Signature of Director or Officer listed in number 12 of the application</u>	Address:	<u>`</u>		
De i l'a Pred	13. Daniel	(nan for	resident	
	$\hat{\mathcal{D}}$	rawford	cation)	

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Control No. 0044502

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STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Drive Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

TBG CLEANING SYSTEMS, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 10/05/2000 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 30th day of May, 2012

B: Ph

Brian P. Kemp Secretary of State

Certification Number: 9116576-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp