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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE TALLATIASSEE, STORMY

T. BUNAN AUG 2 9 2012

COVER LETTER

	Filing Section sion of Corporations	
SUBJECT:	: American Facility Support Servi	ces Inc.
	Name of corporation - must in	nclude suffix
Dear Sir or N	Madam:	
"Certificate of	d "Application by Foreign Corporation for Authorization for Authorization Existence," or "Certificate of Good Standing" and need foreign corporation to transact business in Floreign Corporation for Authorization for Aut	d check are submitted to register the
Please return	all correspondence concerning this matter to the fo	llowing:
Michael .	Arbogast	
	Name of Person	
America	an Facility Support Services Inc	
	Firm/Company	
1250 Cd	onnecticut Ave. Suite 200	
	Address	
Washing	gton, DC 20036	
	City/State and Zip co	ode
marbogas	st@americanfacilitysupport.com	
	E-mail address: (to be used for future	annual report notification)
For further in	nformation concerning this matter, please call:	
Michael A	Arbogast at (505) 918	-4047
		Daytime Telephone Number
New Divi Clift 2661	REET/COURIER ADDRESS: 7 Filing Section ision of Corporations ton Building 1 Executive Center Circle ahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a	a check for the following amount:	
\$70.00		Filing Fee & Sand Copy Service Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COM	PLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO SERVICE A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
	rican Facility Support Services Inc.
(Enter	name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Co.," "Corp," "Inc," "Co," or "Corp.")
	tion Pros
(If nan	e unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida
	ct of Columbia 3, 45-4714887
(State o	r country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/0	7/2012 5. Perpetual
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. <u>Upo</u>	Licensing
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
_{7.} 5401	S. Kirkman Road Suite 310 Orlando FL 32819
, ·	(Principal office address)
1250	Connecticut Ave Suite 200 Washington, DC 20036
	(Current mailing address)
	onduct business in Florida. (Security Services, janitorial)
•	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: CT Corporation System
Office A	Idress: 1200 South Pine Island Road
	Plantation , Florida 33324 (Zip code)
	(City) (Zip code)
Having l designate further a	stered agent's acceptance: cen named as registered agent and to accept service of process for the above stated corporation at the place in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. Gree to comply with the provisions of all statutes relative to the proper and complete performance of my due 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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: Michael Arbogast	····
Address: 1250 Connecticut Ave Suite 200	······································
Washington, DC 20036	
Vice Chairman:	12 SEE
Address:	AAR A
	<u> </u>
Director:	
Address:	500 5
	- 35 - 35
Director:	
Address:	
B. OFFICERS	1999 <u>-1999</u>
President: Michael Arbogast	······································
Address: 1250 Connecticut Ave Suite 200	
Washington, DC 20036	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or d	firectors.
13	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the fac	ts stated berein
are true and that he or she is aware that false information submitted in a document to the Department of third degree felony as provided for in s.817.155, F.S.	
14. Michael Arbogast - President	

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

GOVERNMENT OF THE DISTRICT OF COLUMBIA.

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS CORPORATIONS DIVISION



CERTIFICATE

2 AUG 28 PM 4: 05 ECRETARY OF STATE LLAHASSEEL FROM YOU

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this *CERTIFICATE OF GOOD STANDING* is hereby issued to

AMERICAN FACILITY SUPPORT SERVICES Inc.

WE FURTHER CERTIFY that the domestic filing entity is formed under the law of the District on 3/7/2012; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 8/13/2012 2:51 PM

TO ISUMER AND RECUIR ON THE CONTROL OF CONTR

Vincent C. Gray Mayor

Tracking #: EvlbdLHg

Business and Professional Licensing Administration

PATRICIA E. GRAYS

Superintendent of Corporations

Corporations Division