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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** MedClean Management Solutions, 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:

Hector Diaz

Name of Person

MedClean Management Solutions, Inc

Firm/Company

P.O. Box 136103

Address

Clermont, Florida 34713

City/State and Zip code

hectord@medcleansolutions.com ✓

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hector Diaz

Name of Person

at ( 832 ) 767-9188

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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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 20, 2012

HECTOR DIAZ  
MEDCLEAN MANAGEMENT SOLUTIONS, INC  
PO BOX 136103  
CLERMONT, FL 34713

SUBJECT: MEDCLEAN MANAGEMENT SOLUTIONS, INC.  
Ref. Number: W12000043278

We have received your document for MEDCLEAN MANAGEMENT SOLUTIONS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Verify the spelling of a word listed in your corporate name. The FEI number is a nine digit number. You have too many digits listed in the number on line #3 of your form.

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.

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

Ruby Dunlap  
Regulatory Specialist II

Letter Number: 912A00021316

**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.

**MEDCLEAN MANAGEMENT SOLUTIONS INC.**

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Texas 3. 200280217  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 07, 2003 5. "perpetual"  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 150 Marion Oaks Blvd. Ocala, Florida 34473  
(Principal office address)

P.O. Box 136103 Clermont, Florida 34713  
(Current mailing address)

8. Medical Waste Disposal  
(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)

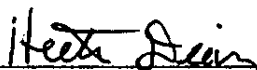
Name: Hector Diaz

Office Address: 150 Marion Oaks Blvd.

Ocala, Florida, Florida 34473  
(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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Hector Diaz

Chairman:

P.O. Box 136103

Address:

Clermont, Florida 34713

Vice Chairman:

Address:

Director:

Hector Diaz

Address:

P.O. Box 136103

Clermont, Florida 34713

Director:

Address:

**B. OFFICERS**

President:

Address:

Vice President:

Address:

Secretary Hector Diaz

Address P.O. Box 136103 Clermont, Florida 34713

Treasurer: Hector Diaz

Address: P.O. Box 136103 Clermont, Florida 34713

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

13.

*Hector Diaz*

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. Hector Diaz

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Hope Andrade  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for MEDCLEAN MANAGEMENT SOLUTIONS INC. (file number 800255515), a Domestic For-Profit Corporation, was filed in this office on October 07, 2003.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name  
officially and caused to be impressed hereon the Seal of  
State at my office in Austin, Texas on September 21,  
2012.

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TALLAHASSEE, FLORIDA



A handwritten signature in black ink, appearing to read "Hope Andrade".

Hope Andrade  
Secretary of State