F 12,000,005082

(Requestor's Name)						
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Special Instructions to Filing Officer:						
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Office Use Only



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SECUTION CONFORMATIONS

COVER LETTER

FO: New Filing Section Division of Corporations					
SUBJECT: Elevator Service	es Group	o, Inc.			
JUBULET:		- must include suffix		·	-
Dear Sir or Madam:		•			
The enclosed "Application by Foreign C 'Certificate of Existence," or "Certificat above referenced foreign corporation to	e of Good Star	iding" and check are subm			
Please return all correspondence concerr	ning this matter	to the following:			
Teresa Newton					
	Name of	Person			-
Elevator Services Group	p, Inc.				_
	Firm/Com	pany			
12195 Hwy 92, Suite 11	4-316				_
Woodstock, GA 30188	Addre	2SS			
**************************************	City/State a	nd Zip code			-
teresa.newton@elevators					-
E-mail addres	s: (to be used t	for future annual report no	tification)		
For further information concerning this a	matter, please o	call:			
Teresa Newton	at (770	592-6910		_	
Name of Person	Area	Code & Daytime Telephor	ne Number	. 12	350k
STREET/COURIER ADDRES New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING AD New Filing Sect Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations	18 PH 3: 01	SHOLEVALCES SELECTIONS
Enclosed is a check for the following an \$70.00 Filing Fee \$78.75 Filing Certificate	ng Fee & C	1 \$78.75 Filing Fee & Certified Copy	\$87.50 Fili Certificate Certified (of Statu	s &

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 co	Services Group, Inc. orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	o," "COMPANY." "CORPORATION,"		
(16 '1)			·	
•	ible in Florida, enter alternate corporate name	e adopted for the purpose of transacting business	in Florida)	
Georgia	3	_{3.} 45-4640635		
,	under the law of which it is incorporated)	(FEI number, if applicable)		
February				
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "p	erpetual")	
Morive		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		
173 Weat	herstone Drive, Woodstoo	• -		
•	(Principal office ad	The state of the s		
12195 Hw	y 92, Ste 114-316, Woodst	tock GA 30188		
	(Current mailing ad	dress)		
		_		
·	consulting and inspection			
(Purpose(s) of corporation authorized in home state or c	country to be carried out in state of Florida)	73	
. Name and stree	et address of Florida registered agent: (P	O. Box NOT acceptable)		
Name:	InCorp Services, Inc.			
Office Address:	17888 67th Court North		8 P#	
	Loxahatchee	33470	မှု မြ	
	(City)	(Zip code)	0 1	
A Dogietarod a	gent's acceptance:	\	22	
		vice of process for the above stated corpora	tion at the pla	
esignated in this	application, I hereby accept the appoin	tment as registered agent and agree to act i	in this capacit	
	omply with the provisions of all statutes amiliar with and accept the obligations	relative to the proper and complete perform	nance of my	
unes, una 1 um j	diminar with and accept the obligations	of my position as registered agent.		
\mathcal{M}		γ 1		
	Juset Kalder +	ir Inamo Services Inc		
	(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: A. DIRECTORS Chairman: _ 12 DEC 18 PM 3: 01 Address: _ Vice Chairman: Address: Director: Address: _ Address: _ **B. OFFICERS** President: Teresa Z. Newton Address: 173 Weatherstone Drive, Woodstock GA 30188 Vice President: Address: __ Secretary: _ Address: _ Treasurer: Address: ___ 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. Teresa Z. Newton, President

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

ELEVATOR SERVICES GROUP, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 02/27/2012 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 26th day of November, 2012

B:Ph

Brian P. Kemp Secretary of State

Certification Number: 9434249-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp 12 DEC 18 PH 3: 01

Short and we straight