

# F13000001936

## Florida Department of State

Division of Corporations

### Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : LICENSE EXAM SERVICES

Account Number : I20120000042

Phone : (941) 706-2336

Fax Number : (866) 473-0571

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** robin@needfloridallicense.com

## FOREIGN PROFIT/NONPROFIT CORPORATION

### Case Cleaning & Restoration Co.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

FILED  
13 MAY -2 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

RECEIVED  
13 MAY -2 PM 4:36  
DIVISION OF CORPORATIONS

VH

**COVER LETTER**

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

**SUBJECT:** CASE CLEANING & RESTORATION CO.

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:

ROBIN O'CONNOR

Name of Person

LICENSE EXAM SERVICES, LLC

Firm/Company

4713 WEBBER ST

Address

SARASOTA, FL 34232

City/State and Zip code

ROBIN@NEEDFLORIDALICENSE.COM

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

For further information concerning this matter, please call:

ROBIN O'CONNOR

Name of Person

at ( 941 ) 706-2336

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

**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. CASE CLEANING & RESTORATION CO.  
(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. TENNESSEE 3. 26-1820110  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/28/2008 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 05/03/2014  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1314 RIDGE CIR JOELTON, TN 37080-4738  
(Principal office address)

1314 RIDGE CIR JOELTON, TN 37080-4738  
(Current mailing address)

8. ANY LAWFUL PURPOSE  
(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)

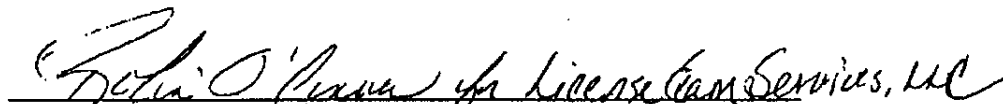
Name: LICENSE EXAM SERVICES, LLC

Office Address: 4713 WEBBER ST

SARASOTA, Florida 34232  
(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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TALLAHASSEE FLORIDA

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_**B. OFFICERS**

President: \_\_\_\_\_ MESSINA HAYES

Address: \_\_\_\_\_ 1314 RIDGE CIR JOELTON, TN 37080-4738  
\_\_\_\_\_

Vice President: \_\_\_\_\_ CASON HAYES

Address: \_\_\_\_\_ 1314 RIDGE CIR JOELTON, TN 37080-4738  
\_\_\_\_\_

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. \_\_\_\_\_ CASON HAYES

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



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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

STATE OF TENNESSEE  
Tre Hargett, Secretary of State  
Division of Business Services  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

CASON HAYES  
1314 RIDGE CIRCLE  
JOELTON, TN 37080

May 2, 2013

Request Type: Certificate of Existence/Authorization  
Request #: 0096258

Issuance Date: 05/02/2013  
Copies Requested: 1

Document Receipt

Receipt #: 1045367

Filing Fee: \$22.25

Payment-Credit Card - TennesseeAnytime Online Payment #: 150174223

\$22.25

Regarding: CASE CLEANING & RESTORATION CO.  
Filing Type: Corporation For-Profit - Domestic  
Formation/Qualification Date: 01/28/2008  
Status: Active  
Duration Term: Perpetual  
Business County: CHEATHAM COUNTY

Control #: 568827  
Date Formed: 01/28/2008  
Formation Locale: TENNESSEE  
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

CASE CLEANING & RESTORATION CO.

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent corporation annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

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