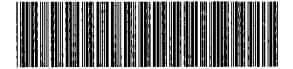
F1400000490

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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14 JAN 29 PM 12: 22

SECRETARY OF STATE DIVISION OF CORPORATIONS

2414

COVER LETTER

TO: New Filing Division of	Section Corporations			
_{SUBJECT:} Ga	ımma Cleani	ng Con	cepts Inc	
SOBJECT.			on - must include suffix	
Dear Sir or Madam	:			
"Certificate of Exis		e of Good S	or Authorization to Transa tanding" and check are subiness in Florida.	
Please return all con	respondence concert	ning this mat	ter to the following:	
Craig S. Pe	ligri			
		Name	of Person	_
Peligri & Co	ompany			
		Firm/Co	ompany	
302 Union	Street			
		Ad	dress	
Hackensac	k, NJ 07601			
		City/State	e and Zip code	
gabriela@pe		(4 a b a	d for future annual report	
For further informa	tion concerning this i		·	notification)
Giselle Dor	ninguez	at (201	342-9280	
Name of P	erson		a Code & Daytime Teleph	one Number
New Filing Division of Clifton Bui 2661 Execu	Corporations	SS:	MAILING A New Filing Se Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
Enclosed is a check	for the following am	ount:		
■ \$70.00 Filing Fe	e 🗖 \$78.75 Filin Certificate	-	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy

DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

GAMMA CLEANING CONCEPTS, INC

0400279460

With the Previous or Alternate Name

GAMMA SOLUTIONS (Alternate Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered this office on March 31, 2009.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Giselle Dominguez 370 W. Pleasantview Ave Suite 2-251 Hackensack, NJ 07601



Certification# 130923040

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 24th day of January, 2014

D6.

Andrew P Sidamon-Eristoff
State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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.

	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	o," "COMPANY," "CORPORATION,"	
(If name unavails	•	e adopted for the purpose of transacting business 26-4729302	HOISI ON
(State or country 4. March 31	under the law of which it is incorporated)	(FEI number, if applicable) i. (Duration: Year corp. will cease to exist or " in Florida, if prior to registration)	JAN 29 P
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "	perpetual)
	nan Drive, Suite B8, Sanf (Principal office ad nan Drive, Suite B8, Sanfor	dress) d, FL 32771	
··	eaning and Renovation		
•	of corporation authorized in home state or one address of Florida registered agent: (P Giselle Dominguez 220 Hickman Drive, Suite	.O. Box NOT acceptable)	
omee radiess.	Sanford (City)	, Florida 32771 (Zip code)	

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: A. DIRECTORS Chairman: __ Address: _ Vice Chairman: ____ Address: _ Director: Address: _ Director: _ Address: _ **B. OFFICERS** President: Giselle Dominguez Address: 65 Spring Valley Avenue Hackensack, NJ 07601 Vice President: Rodney Ureta Address: 65 Spring Valley Avenue Hackensack, NJ 07601 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. Giselle Dominguez, President