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Special Instructions to Filing Officer:	
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COVER LETTER

TO: New Filing Section Division of Corporations	· .
SUBJECT: Maid Marines Uc Name of corpora	eaning Service, Inc.
Name of corpora	ation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by	
Please return all correspondence concerning this m	atter to the following:
Michael T. Wi	
Name	of Person
Mail Marines	Cleaning Service, Inc.
100-30 196	5 5 to
toll:5, NY 11	ddress 423
Accounts @ n	nte and Zip code Naid Marines. Com
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Michael Wills at 34	7 , 489 - 8570
Name of Person A	rea Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	
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.

•			-		e purpose of transacting busine - 7 4 88 3 90		a)
State or country	under the law o	f which it is incorp	orated)	<u> 10</u>	- 2688390 (FEI number, if applicable)		—
4/3					Petual Year corp. will cease to exist o		
(Dat	e of incorporation	on)	(D	uration:	Year corp. will cease to exist or	r "perpetual'	')
		Date first transact	ed business in Flo	rida, if pr	ior to registration)		
	(SEE	SECTIONS 607.1	501 & 607.1502,	F.S., to d	etermine penalty liability)	=	1517
100 - 3	0 196"	<u> 5+</u>	flollis,	WY	11423		
100 -	30 196	St. (Princip	eal office address) Hollig	M	11423	+	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		(Curren	t mailing address))		==	<i>5</i> ;
E-4.4	of	مأله ميه		.• _			æ- .≭.
Cylle us	ion of	outhorized in ho	aning Serv	r ce.	rried out in state of Florida)		
Name and stre	et address of I	Torida registered	l agent: (P.O. B	ox <u>NO1</u>	_acceptable)		
Name:	Sheile	Guilla	ume	_			
ice Address:	2302	SW 1041	h Ave		da 330 2 5 (Zip code)		
ico riddicos.	Panh	2014 0 1	1.00	~-	3307 6		
	TELLA	OKE FIT	<u>יטי</u>	_ , Florio	(7in anda)		

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: Michael T. Wills, or 2814 APR-4 PH 1:49
Address: 131 - 35 23412 51
Rose Lale, Mr 1422
Vice Chairman: Rishi Navl
180-30 191 th St.
Hollis, Wr 11423
Director:
Address:
Director:
Address:
B. OFFICERS
President: Michael T. Will, Jr.
Address: 131-35 23414 St.
Rosedale, NY 1422
Vice President: Right Nau
Address: 100-36 196 th Jh
Hollis, Nr 1/423
Secretary: Mrcheel T. Willy, J.
Address: 131-35 234th Sh Rosedela, MT 11422
Treasurer: Right Mary
Address: 160-30 196th St. Hollis, Mx 11429
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. hund Sule S.
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 Michael 7. Willy, Jr. President
14. Michael T. Wills, Jr., Vesident (Typed or printed name and capacity of person signing application)

State of New York **} ss: Department of State**

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I hereby certify, that the Certificate of Incorporation of MAID MARINES CLEANING SERVICE, INC. was filed on 04/30/2013, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 04th day of March two thousand and fourteen.

Continy Sicidina

Executive Deputy Secretary of State