

11/13/2015 16:14

Division of Corporations

PAGE 01/01

https://cfilingsbiz.org/servlets/efilcovr.c

F15000005041

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.

((H15000272007 3)))



H150002720073ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561) 694-8107
Fax Number : (561) 694-1639

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Swisher Hygiene Inc.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

NOV 16 2015
Y SULKE

RECEIVED

15 NOV 13 PM 5:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.*

SWISHER HYGIENE INC.

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
DELAWARE 27-3819646

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
November 1, 2010

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
Upon registration

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
c/o Akerman LLP, Edward L. Ristaino, Esq., 350 E. Las Olas Blvd., Suite 1600, Fort Lauderdale, FL 33301

7. _____
(Principal office address)
c/o Akerman LLP, Edward L. Ristaino, Esq., 350 E. Las Olas Blvd., Suite 1600, Fort Lauderdale, FL 33301

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Corporate Creations Network Inc.
Name: 11380 Prosperity Farms Road #221E

Office Address: Palm Beach Gardens 33410
_____, Florida _____
(City) (Zip code)

9. 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.

Caitlin Lazarus, Special Secretary



(Registered agent's signature)

10. 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.

FILED
15 NOV 13 AM 10:10
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Please see attachment.

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

Please see attachment.

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

Richard L. Handley, Director

13. _____

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

FILED
15 NOV 13 AM 10:10
DEPT OF STATE
ALABAMA
MOBILE, ALABAMA

Attachment
to
Application by Foreign Corporation For Authorization to Transact Business in Florida
of
SWISHER HYGIENE INC.

11. Name and business addresses of officers and/or directors:

A. DIRECTORS:

Richard L. Handley - Chairman
William M. Pierce
Joseph Burke
Harris W. Hudson
William D. Pruitt
David Prussky

B. OFFICERS:

William M. Pierce - President and Chief Executive Officer

William T. Nanovsky - Secretary

All Officers and Directors at:
c/o Akerman LLP, 350 E. Las Olas Blvd., Suite 1600
Fort Lauderdale, FL 33301

FILED
15 NOV 13 AM 10:10
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SWISHER HYGIENE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SWISHER HYGIENE INC." WAS INCORPORATED ON THE FIRST DAY OF NOVEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



4861803 8300

SR# 20150911127

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 10419022

Date: 11-13-15