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(Re	equestor's Name)					
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

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COVER LETTER

TO:	O: Registration Section Division of Corporations						
	JanDav Service						
SUB.	JECT:	···		<u></u>			
		Name of	corporation -	must include suffix			
Dear	Sir or Madam:						
"Cert		or "Certificate o	f Good Stand	authorization to Transac ling" and check are sub- s in Florida.			
	e return all correspond A Ellison	lence concerning	g this matter	to the following:			
			Name of P	erson			
JanDa	v Services, Inc.						
18 Pla	yers Club	, <u>(1800-180</u> 7-180-180-1	Firm/Comp	any			
Sande	estin, FL 32550		Addres	SS			
dave.j	andav@gmail.com	, <u>,</u>	City/State an	d Zip code			
		E-mail address: (to be used fo	or future annual report n	otification)		
For fi	urther information cor	cerning this mat	ter, please ca	ull:			
David A Ellison			850	424-3564			
	Name of Person	a	Area Code	_) Daytime Telepl	none Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclo	sed is a check for the	following amou	nt:				
□ \$7	70.00 Filing Fee	\$78.75 Filing Certificate of		\$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. JanDav Services, Inc. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") DavJan Services, Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) North Carolina 46-2801618 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of incorporation) 1/25/2016 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 18 Players Club, Sandestin, FL 32550 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) David A Ellison Name: 18 Players Club Office Address: Sandestin , 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.

(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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS David A Ellison Chairman: 18 Players Club, Sandestin, FL 32550 Address: _ Janet F Ellison Vice Chairman: 18 Players Club, Sandestin, FL 32550 Address: Director: Address: Address: __ **B. OFFICERS** David A Ellison President: 18 Players Club, Sandestin, FL 32550 Address: Janet F Ellison Vice President: 18 Players Club, Sandestin FL 32550 Address: __ David A Ellison Secretary: 18 Players Club, Sandestin, FL 32550 Address: David A Ellison Treasurer: 18 Players Club, Sandestin, FL 32550 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. David A Ellison, President 13. ____

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



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

JANDAV SERVICES, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 17th day of May, 2013, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 25th day of January, 2016.

Elaine J. Marshall

Secretary of State