

F7600000/298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

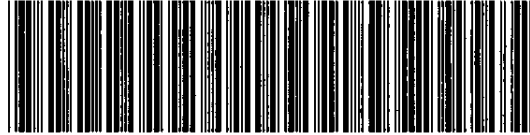
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/16/16--01018--004 **78.75

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TALLAHASSEE, FLORIDA

3/18/16 BS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MICRO CLEAN Professional Services, Inc.
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:

MARY AMADO

Name of Person

Micro clean Professional Services, Inc

Firm/Company

7829 laurel oak lane

Address

Kissimmee, FL 34747

City/State and Zip code

Microclean1@cox.net

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

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For further information concerning this matter, please call:

MARY AMADO

Name of Person

at (401) 626-0950

Area Code

Daytime Telephone 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

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. Micro clean Professional Services, Inc.
(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. RHODE Island 3. 80-0394271
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10-26-2011 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. NONE
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 45 sockanosset crossroad, CRAVSTON, RE 02920
(Principal office address)

7829 laurel OAK lane, Kissimmee, FL 34747
(Current mailing address, if different)

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

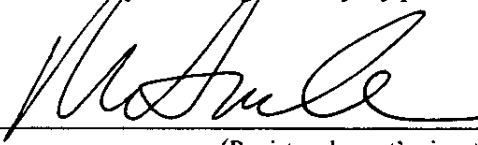
Name: MARY AMADO

Office Address: 7829 laurel OAK lane
Kissimmee, Florida 34747
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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

Chairman: NA

Address: _____

Vice Chairman: NA

Address: _____

Director: NA

Address: _____

Director: NA

Address: _____

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B. OFFICERS

President: Ronald L. Amado Jr

Address: 45 Sockanosset Cross Road

CRAWSTON, RI 02920

Vice President: Ronald L. Amado Jr

Address: 45 Sockanosset Cross Road

CRAWSTON, RI 02920

Secretary: Mary Amado

Address: 7829 Laurel Oak Lane, Kissimmee, Florida, 34747

Treasurer: Mary Amado

Address: 7829 Laurel Oak Lane, Kissimmee, FL 34747

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

12. [Signature]

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.

13. MARY Amado, Secretary

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



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

Certification Number: **16010004680**

The office of the Secretary of State of the State of Rhode Island and Providence Plantations,
HEREBY CERTIFIES, that

MICRO CLEAN PROFESSIONAL SERVICES, INC.

a Rhode Island corporation, filed original articles of incorporation in this office on

October 26, 2011

Effective

October 26, 2011

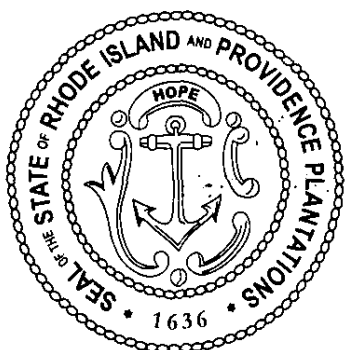
IT IS FURTHER CERTIFIED that as of this date said corporation is duly organized and existing
under and by virtue of the laws of the State of Rhode Island and is in good standing according
to the records of this office.

SIGNED AND SEALED ON

Wednesday, January 06, 2016

Secretary of State

Authorized Agent



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TALLAHASSEE, FLORIDA