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PICK-UP	WAIT	MAIL		
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(8	usiness Entity Name	)		
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Certified Copies	Certificates of	f Status		
Special Instructions to	Filing Officer:			
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Office Use Only



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JUN 2 9 2016 S. YOUNG

### **COVER LETTER**

TO: Registration Section Division of Corpo				
SUBJECT:	DURAFORCE (	CEANING	SELVEE	FAC
		n - must include suffix		
Dear Sir or Madam:				
"Certificate of Existence,"	n by Foreign Corporation for or "Certificate of Good Sta corporation to transact busin	nding" and check are sub		
Please return all correspon	ndence concerning this matter Rule Duck Name of	KERSON		
	DURAFORCE	CLEAUIUG	SERVICE	INC
	Firm/Con	npany 369		
	Clinto	ess MO	20135	70
	City/State a  Dura Formail address: (to be used	and Zip code  Or C.e. 10 (a)  for future annual report in	aMad. Co	16 JM 28
For further information co	oncerning this matter, please	call:		P TH
Rudle De	Merson at (301) Area Cod	Daytime Telep	8070 hone Number	2: 34 2: 34
STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on rations enter Circle	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	
Enclosed is a check for the	e following amount:			
□ \$70.00 Filing Fee	3 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing F Certificate of S Certified Copy	Status &



#### 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. 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. Maryland
(State or country under the law of which it is incorporated)

4. O3/06/200/
(Date of incorporation)

(Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 6781 MID CITIES AVE, BELTSVILLE MO 20705
(Principal office address) POBOX 369, CLINTON MD 20735
(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) RICKIE DICKERSON Name: 177 PORT ROYAL COURT Office Address: SEBASTIAN , Florida 32958
(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		
Chairman:		
Address:		
	<del></del>	
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:		
B. OFFICERS  President: RULLE DI HELSON	- <del>-</del>	
Address: 177 PORT ROYAL COURT	جة جن ص	1   1   1   1   1   1   1   1   1   1
SEBASTIAN , FLORIDA 32958	72	<u> </u>
Vice President:	<del></del>	
Address:		
Secretary:  Address:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/o	r directors.	
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affirms that the are true and that he or she is aware that false information submitted in a document to the Department a third degree felony as provided for in s.817.155, F.S.	facts stated he of State const	rein itutes
13. RICKIE DIMERSON		
(Typed or printed name and capacity of person signing application)		

## STATE OF MARYLAND Department of Assessments and Taxation

I, HEIDI DUDDERAR OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT DURAFORCE CLEANING SERVICE, INC., INCORPORATED MARCH 05, 2001, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JUNE 23, 2016.

Heidi Dudderar

**Associate Director** 

16 JUN 28 PH 2: 34



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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