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## **COVER LETTER**

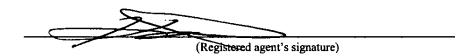
TO:		ration Secon of Cor	ction porations						
SUBJ	ECT:	Dunla	o Industrial Se	rvices Inc.					
	•		Nam	e of corpor	ation -	- mı	st include suffix	<u>-</u>	·
Dear S	ir or Ma	dam:							
"Certif	ficate of	Existenc		ite of Good	Stanc	ling	orization to Transac " and check are sub Florida.		
Please	return a	ll corresp	ondence concer	ming this m	natter	to ti	ne following:		
Mı	. Ken A	llen							
				Nam	e of P	erso	on		
Du	nlap Ind	ustrial Se	rvices Inc.						
				Firm/	'Comp	any	,		
15	75 Aviat	ion Cent	er Parkway, Sui	te 518					
				P	Addres	SS			
Da	ytona Be	each FL 3	2114						<del></del>
				City/St	ate an	d Zi	ip code		
Dd	avid@D	uniscorp							
			E-mail addre	ess: (to be u	ised to	or tu	iture annual report n	otifi	cation)
For fu	rther info	ormation	concerning this	matter, ple	ase ca	ıll:			
Don	David			at (		)	678-525-2552		
	Name	of Perso			Code	_	Daytime Telepl	none	Number
	Registr Division Clifton 2661 E	ration Secon of Cor Building	porations S Center Circle	ess:			MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F.	ectio orpor	n ations
Enclos	sed is a c	heck for	the following as	mount:					
□ \$70	).00 Fili	ng Fee	S78.75 Fil Certificate	ing Fee & e of Status	0		8.75 Filing Fee & rtified Copy	<b>9</b>	\$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.	Dunlap Indus	Dunlap Industrial Services Inc.								
		orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY,"	"CORPORATIO	)N,"					
	n/a									
	(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the p	urpose of transact	ing business in Flor	rida)				
2.	South Carolin	na, Charleston County 3	81-1127120							
		y under the law of which it is incorporated)		(FEI number, if a	ipplicable)					
4.	August 1st, 2	2016 5	nametual							
٠,		of incorporation)	(Date of duration, if other than perpetual)							
,										
6.	·	(Date first transacted business	in Florida, if prior	to registration)						
		(SEE SECTIONS 607.1501 & 607.			ility)					
7.	1575 Aviatio	on Center Parkway, Suite 518, Daytor	a Beach FL 32	114						
٠٠.		*	ipal office address		~ <del></del>					
		(Current mail	ing address, if diff	erent)	<del></del> -					
					العامرية العامرية					
8.	Name and street	t address of Florida registered agent: (P	O. Box NOT ac	cceptable)	2918					
		V A 11		•						
	Name:	Ken Allen	<del></del>		ZZ 2	STATE OFFICE				
O	ffice Address:	1575 Aviation Center Parkway #5	18		$ \frac{\omega}{2}$ $\frac{\omega}{2}$ $ \omega$	častani ř				
		Daytona Beach FL		00114	<sup>1</sup> 원 <b>1</b>					
		(City)	, Florida _	(Zip code)	tt ST:	Ŷ				
		(City)		(Zap code)	H: 03					
9.	Registered age	nt's acceptance:			ين ج					

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.



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: Ken Allen, CEO/President Address: \_\_\_ Vice Chairman: TBD Director: TBD Director: \_TBD **B. OFFICERS** President: Ken Allen Address: 1575 Aviation Center Parkway, Suite 518 Daytona Beach FL, 32114 Vice President: \_TBD Address: \_ Secretary: TBD Address: \_\_\_ Treasurer: TBD NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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.

Ken Allen, President

# The State of South Carolina



# Office of Secretary of State Mark Hammond

# Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina, Hereby Certify that:

DUNLAP INDUSTRIAL SERVICES, INC., a corporation duly organized under the laws of the State of South Carolina on August 1st, 2016, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 9th day of August, 2016.

Mark Hammond, Secretary of State