



Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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

Email Address: _____

FILED
17 FEB 27 AM 7:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 FEB 27 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION
SERVICEMAX CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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O. SCOTT

FEB 28 2017

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.

SERVICEMAX CORPORATION

1.

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

SERVICEMAX OF TENNESSEE CORPORATION

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
TENNESSEE N/A

2.

(State or country under the law of which it is incorporated)
AUGUST 12, 2002

3.

(FEI number, if applicable)

4.

(Date of incorporation)
N/A

5.

(Date of duration, if other than perpetual)

6.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
1815 JULIAN RIDGE RD, CHATTANOOGA, TN 37421

7.

(Principal office address)

(Current mailing address, if different)

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

Name: REGISTERED AGENTS INC.

Office Address: 3030 N. Rocky Point Drive, STE 150A

TAMPA

(City)

, Florida 33607

(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.

Bill Havre

Bill Havre/Secretary/Registered Agents Inc.

(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: MARK ROBINSON SR.
1815 JULIAN RIDGE RD. CHATTANOOGA, TN 37421

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MARK ROBINSON SR.

1815 JULIAN RIDGE RD. CHATTANOOGA, TN 37421

Address: _____

Vice President: SUE ROBINSON

1815 JULIAN RIDGE RD. CHATTANOOGA, TN 37421

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. Mark Robinson Sr

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. MARK ROBINSON SR

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE. 6th FL.
Nashville, TN 37243-1102

RILEY PARK
30 N GOULD
SHERIDAN, WY 82801

February 23, 2017

Request Type: Certificate of Existence/Authorization
Request #: 0229929

Issuance Date: 02/23/2017
Copies Requested: 1

Document Receipt

Receipt #: 003143958

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3695681960

\$20.00

Regarding: **SERVICEMAX CORPORATION**
Filing Type: For-profit Corporation - Domestic
Formation/Qualification Date: 08/12/2002
Status: Active
Duration Term: Perpetual
Business County: HAMILTON COUNTY

Control #: 431580
Date Formed: 08/12/2002
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

SERVICEMAX CORPORATION

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett

Tre Hargett
Secretary of State

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