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(Ad	ldress)			
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WHO STATE

COVER LETTER

TO:	Registration Sec Division of Cor			
SUBJ	ECT·	ickie Socilica Como	and la	
5000	DC1	Name of corporat	ion - must include suffix	
Dear S	ir or Madam:			
"Certif	icate of Existenc	ion by Foreign Corporation to e," or "Certificate of Good Son corporation to transact bus	tanding" and check are sub	
Please	return all corresp	oondence concerning this ma	tter to the following:	
	Mickie S	ervice Company. I	of Person	
	PD Box	Firm/C 55544	ompany	
	/	Ac	dress	
	Houston	x 77255		
	shirler @	mialia Carrier	e and Zip code	
		E-mail address: (to be us	ed for future annual report r	notification)
For fu	ther information	concerning this matter, please	se call:	
SI	hirley Bink	at (7/2	8 682-7454	
	Name of Perso	n Area C	Code Daytime Telep	hone Number
		TRIER ADDRESS:	MAILING A	DDRESS:
Registration Section		Registration Section		
	Division of Corporations Clifton Building Division of Corporations P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, FL 32314			
	Tallahassee, FL	-	1 41141143500, 1	D 32314
Enclos	ed is a check for	the following amount:		
vZ \$70	0.00 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

Texas	able in Florida, enter alternate corporate name add	76-0341511		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
(Date	f// 94 / 5 5	(Date of duration, if other than perpendicular)	etual)	
6901 Rc	(n:	•		
PO BOX	55544, Houston, Tx 7			
	(Current mailing a	address, if different)		
Name and <u>stree</u> Name:	Registered Agents Inc.	Box NOT acceptable)	17 MAR -6	
ice Address:	3030 N. Rocky Point Or.	<u>st</u> e 150 A	2	1377 1377 188
	Jampa, FL (City)	, Florida <u>33607</u> (Zip code)	1:21	**************************************

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.

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Director:	
Address:	

Director:	
Address:	
B. OFFICERS	
Address: 6901 Raton, Houston,	Tx 77055
	7 1.3
Vice President:	
Address:	6 CRY 60
	= 20
Secretary:	2
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the	application listing additional officers and/or directors.
12. Signature of Di	
Signature of Di The officer or director signing this document (and who is l	irector or Officer isted in number 11 above) affirms that the facts stated herein
are true and that he or she is aware that false information s a third degree felony as provided for in s.817.155, F.S.	ubmitted in a document to the Department of State constitutes
13. Tom John Son	

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

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for MICKIE SERVICE COMPANY, INC. (file number 119761900), a Domestic For-Profit Corporation, was filed in this office on June 24, 1991.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 01, 2017.





Rolando B. Pablos Secretary of State