

To: Partners
Division of Corporations

6-15-17 09:25

1954208845 From: R. J. Saw

F1700002736

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001573143)))



H170001573143ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512) 418-6949
Fax Number : (954) 208-0845

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

Email Address: _____

RECEIVED
2017 JUN 15 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION
Striping Service and Supply, Inc

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

FILED
2017 JUN 15 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 16 2017

Y SULKER

850-617-6381

6/13/2017 9:55:36 AM PAGE 1/001 Fax Server



June 13, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORP

SUBJECT: STRIPING SERVICE AND SUPPLY, INC.
REF: W17000049384

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list principal address, post office box not acceptable.,

If you have any further questions concerning your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II
Registration Section

FAX Aud. #: H17000157314
Letter Number: 117A00011898

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STRIPING SERVICE AND SUPPLY, 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:

DONNA TRAWEEK
Name of Person
DONNA TRAWEEK CPA LLC
Firm/Company
PO BOX 816
Address
KENNEDALE, TX 76016
City/State and Zip code
DONNA@TRAWEEKCPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONNA TRAWEEK 817 572-9990
CHRIS BUTLER at (817) 572-9990
Name of Person 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. Striping Service and Supply, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. NV
(State or country under the law of which it is incorporated)
3. 46-4737229
(FEI number, if applicable)
4. 11-25-2013
(Date of incorporation)
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)
7. 1911 S Great Southwest Pkwy, Grand Prairie, TX 75051-3506
(Principal office address)

(Current mailing address, if different)

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

By: Jenifer Vincent
(Registered agent's signature)
C T Corporation System
Jenifer Vincent,
Vice President/Assistant
Secretary

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.

FILED
17 JUN 15 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____
_____Director: David SargentAddress: PO Box 27740, Las Vegas, Nevada, 89126, US

Director: _____

Address: _____
_____**B. OFFICERS**President: David SargentAddress: PO Box 27740, Las Vegas, Nevada, 89126, US

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____
_____**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.12. David Sargent

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. David Sargent, PRESIDENT

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

17 JUN 15 AM 9:49
DEPT. OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE

CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation sales, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **STRIPING SERVICE AND SUPPLY, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 14, 2013, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 12, 2017.

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

Barbara K. Cegavske
Secretary of State



Electronic Certificate
Certificate Number: C20170812-1035
You may verify this electronic certificate
online at <http://www.nvsos.gov/>