

F77000004039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

remove DB+ W17-67078

Office Use Only



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FILED
17 SEP - 7 PM 3:18
DIVISION OF CORPORATIONS

CLERK OF SUPERIOR COURT
SEP - 7 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2017

KAMI RAHBANI
7512 DOCTOR PHILLIPS BLVD
SRTE 50-107
ORLANDO, FL 32819

SUBJECT: GRAHAM STAFFING SERVICES, INC.
Ref. Number: W17000067078

We have received your document for GRAHAM STAFFING SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The name of the city is missing on the principal address.

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

Octavia L Simmons
Regulatory Specialist II

Letter Number: 017A00017606

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DIVISION OF CORPORATIONS
FLORIDA

2017 SEP - 7 PM 2:55

17-0110-0001



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2017

KAMI RAHBANI
7512 DOCTOR PHILLIPS BLVD
SRTE 50-107
ORLANDO, FL 32819

SUBJECT: GRAHAM STAFFING SERVICES, INC.
Ref. Number: W17000067078

We have received your document for GRAHAM STAFFING SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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

Octavia L Simmons
Regulatory Specialist II

Letter Number: 117A00016722

2017 AUG 24 AM 11:05

ALL AUGUST 24, 2017
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Graham Staffing Services, 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:

Kami Rahbani

Name of Person

Graham Staffing Services, Inc.

Firm/Company

7512 Doctor Phillips Blvd., Suite 50-107

Address

Orlando, FL 32819

City/State and Zip code

krahbani@grahaminc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kami Rahbani

240

481-8431

at (_____) _____

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:

PAID PREVIOUSLY

- ☐ \$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.*

- Graham Staffing Services, Inc.
1. _____
(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. District of Columbia 3. 52-1356444
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 1, 1984 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. Have not started transacting in Florida yet, but plan to do so soon after registration

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. HQ office: 3 Bethesda Metro Center, Suite 700, Bethesda, MD 20814

(Principal office address)
7512 Doctor Phillips Blvd., Suite 50-107, Orlando FL 32819

(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Kami Rahbani
Office Address: 8203 Lake Serene Dr
Orlando, Florida 32836
(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.

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17 SEP -7 PM 3:19
DIVISION OF CORPORATE AFFAIRS

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

A. DIRECTORS

Chairman: Kami Rahbani

Address: 8203 Lake Serene Dr
Orlando, FL 32836

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: Nina Martin

Address: 13608 Glynshel Dr.
Winter Garden, FL 34787

B. OFFICERS

President: Kami Rahbani

Address: 8203 Lake Serene Dr.
Orlando, FL 32836

Vice President: Nina Martin

Address: 13608 Glynshel Dr.
Winter Garden, FL 34787

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

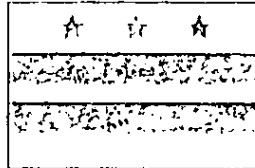
12. _____
Signature of Director or Officer

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. Kami Rahbani, CEO/President
(Typed or printed name and capacity of person signing application)

FILED
17 SEP -7 PM 3:19
DIVISION OF STATE RECORDS

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
CORPORATIONS DIVISION



C E R T I F I C A T E

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this **CERTIFICATE OF GOOD STANDING** is hereby issued to

GRAHAM STAFFING SERVICES Inc.

WE FURTHER CERTIFY that the domestic filing entity is formed under the law of the District on 6/1/1984; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 8/7/2017 12:34 PM

Business and Professional Licensing Administration



PATRICIA E. GRAYS
Superintendent of Corporations
Corporations Division

Muriel Bowser
Mayor

Tracking #: SBUfun81