

F17000004335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

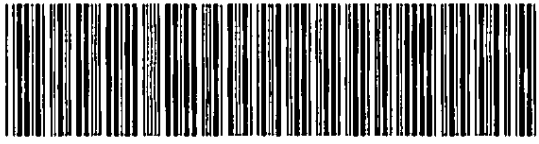
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 SEP 25 AM 11:35
DIVISION OF CORPORATIONS

O. SIMMONS
SEP 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Single Source Disaster Recovery Specialist, 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:

Jack Pomeranz

Name of Person

Single Source Disaster Recovery Specialist, Inc

Firm/Company

40 Minnesota Ave

Address

Warwick, RI 02886

City/State and Zip code

mike@singlesource-usa.com

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

For further information concerning this matter, please call:

Michael Pomeranz 401 274-4444

Name of Person at () 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. Single Source Disaster Recovery Specialist, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

Smokeclean of New England
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Rhode Island 3. 05-0392594
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08-04-1981 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. 09/10/2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 40 Minnesota Ave Warwick RI 02888
(Principal office address)

40 Minnesota Ave Warwick RI 02888
(Current mailing address, if different)

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

Name: Jack Pomeranz

Office Address: 3000 N Ocean Dr 10-C West

Palm Beach Florida 33404-3247
(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.

[Handwritten signature of Jack Pomeranz]

(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: Jack Pomeranz
3000 N Ocean Dr 10-C West Palm Beach, FL 33404-3247
Address: _____

Vice Chairman: Jack Pomeranz
3000 N Ocean Dr 10-C West Palm Beach, FL 33404-3247
Address: _____

Director: Jack Pomeranz
3000 N Ocean Dr 10-C West Palm Beach, FL 33404-3247
Address: _____

Director: _____
Address: _____

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DIVISION OF...

B. OFFICERS

President: Jack Pomeranz
3000 N Ocean Dr 10-C West Palm Beach, FL 33404-3247
Address: _____

Vice President: Jack Pomeranz
3000 N Ocean Dr 10-C West Palm Beach, FL 33404-3247
Address: _____

Secretary: Jack Pomeranz
3000 N Ocean Dr 10-C West Palm Beach, FL 33404-3247
Address: _____

Treasurer: Jack Pomeranz
3000 N Ocean Dr 10-C West Palm Beach, FL 33404-3247
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. Jack Pomeranz

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



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

CERTIFICATE OF GOOD STANDING

I, Nellie M. Gorbea, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island and Providence Plantations, hereby certify that:

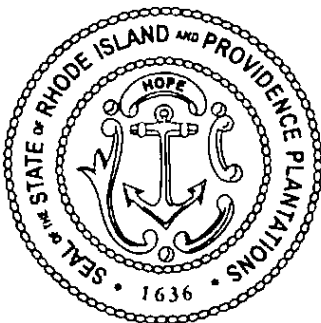
Single Source Disaster Recovery Specialist, Inc.

is a Rhode Island Business Corporation organized on August 04, 1981. I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the corporation is active and in good standing with this office.

This certificate is not to be considered as a notice of the corporation's tax status, financial condition or business practices; such information is not available from this office.

SIGNED and SEALED on
September 11, 2017

Secretary of State



Certificate Number: 17090028910

Verify this Certificate at: <http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx>

Processed by: dantonelli

Filing Fee \$50.00

ID Number: 000012372



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

2015 NOV - 9 AM 11: 10

SECRETARY OF STATE
CORPORATIONS DIV.

BUSINESS CORPORATION

ARTICLES OF AMENDMENT TO THE
ARTICLES OF INCORPORATION

Pursuant to the provisions of Section 7-1.2-905 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

- 1. The name of the corporation is Smokeclean of New England, Inc
2. The shareholders of the corporation (or, where no shares have been issued, the board of directors of the corporation) on ... in the manner prescribed by Chapter 7-1.2 of the General Laws, 1956, as amended, adopted the following amendment(s) to the Articles of Incorporation:

[Insert Amendment(s)]

(If additional space is required, please list on separate attachment)

The Articles of Organization of the Corporation shall be amended as follows:

The name of the company is: Single Source Disaster Recovery Specialist, Inc.

11:10 AM

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By 260681

KM

- 3. As required by Section 7-1.2-105 of the General Laws, the corporation has paid all fees and taxes.
4. These Articles of Amendment shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

Under penalty of perjury, I declare and affirm that I have examined these Articles of Amendment, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 9/15/2015

Signature of Authorized Officer of the Corporation

Jack Pomeranz

Type or Print Name of Authorized Officer



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

November 09, 2015 11:10 AM

A handwritten signature in black ink, appearing to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

