

F17000004754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

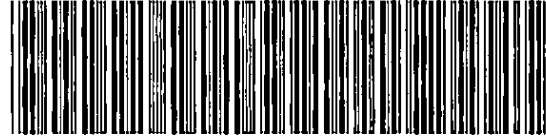
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 OCT 20 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]*  
10/23/17

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Clean Pro Carpet & Upholstery Care, 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:

KEITH ORTH

Name of Person

Clean Pro Carpet & Upholstery Care, INC

Firm/Company

2442 ALBANY STREET STE A

Address

KENNER, LOUISIANA 70062

City/State and Zip code

Service @ Clean Pro Carpet. Com

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

For further information concerning this matter, please call:

KEITH ORTH

Name of Person

at ( 504 )

Area Code

258-5538

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. Clean Pro Carpet + Upholstery Care, INC.  
(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. LOUISIANA 3. 72-1397500  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. AUGUST 19, 1997 5. \_\_\_\_\_  
(Date of incorporation) (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. 2329 IOWA Ave Kenner LA 70062  
(Principal office address)

(Current mailing address, if different)

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

Name: KEITH ORTH

Office Address: 1816 W. 27TH STREET

PANAMA CITY Florida 32405  
(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.*

Keith Orth

(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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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: KEITH ORTH

Address: 2329 IOWA AVE  
Kenner, LA 70062

Vice Chairman: Linda ORTH

Address: 2329 IOWA AVE  
Kenner LA 70062

Director: PARRISH ORTH

Address: 1111 S. Peters Apt 409  
New Orleans, LA 70130

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: KEITH ORTH

Address: 2329 IOWA AVE  
Kenner, LA 70062

Vice President: PARRISH ORTH

Address: 1111 S Peters Apt 409  
New Orleans, LA 70130

Secretary: Linda ORTH

Address: 2329 IOWA AVE, Kenner LA 70062

Treasurer: Linda ORTH

Address: 2329 IOWA AVE, Kenner LA 70062

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

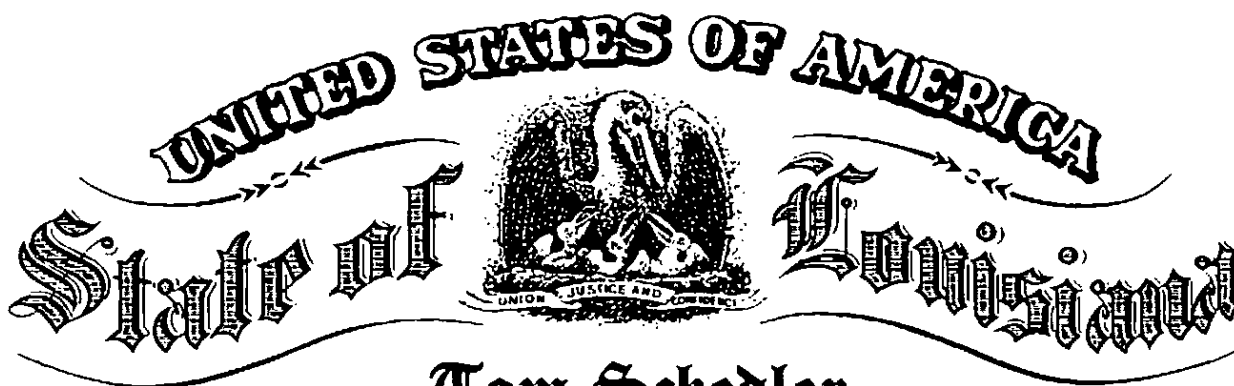
12. Keith Orth

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. KEITH ORTH President

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



**Tom Schedler**  
SECRETARY OF STATE

*As Secretary of State of the State of Louisiana, I do hereby Certify that*

the Articles of Incorporation of

**CLEAN PRO CARPET & UPHOLSTERY CARE, INC.**

Domiciled at KENNER, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on August 18, 1997,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

October 17, 2017

*Secretary of State*

Web 34569379D



Certificate ID: 10879808#8QWA4

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.  
[www.sos.la.gov](http://www.sos.la.gov)