Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone : (702) 866-2500

Fax Number

: (702)866-2689

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5 <u>::</u>-

FOREIGN PROFIT/NONPROFIT CORPORATION

Elevator Service, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$720.00

Electronic Filing Menu

Corporate Filing Menu

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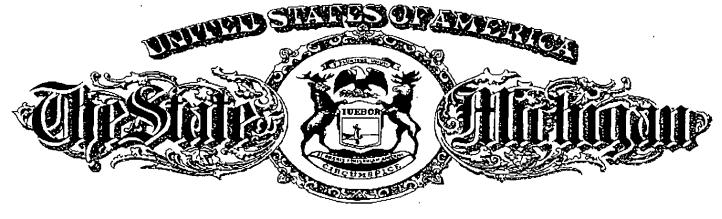
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

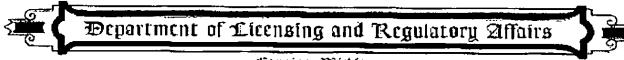
IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

i.	Flevator Serv			_		
	(Enter name of o	corporation; must include "INCORPORATED," "( Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"			
	Elevator Sen	vice ESI Inc.				
	(If name unavail	able in Florida, enter alternato corporate name ado	pted for the purpose of transacting business in Florida)	_		
2.	Michigaл					
	(State or count)	ry under the law of which it is incorporated)	(FEI number, if applicable)	-		
4.	12/08/1993		erpetual			
	(Date	of incorporation)	(Date of duration, if other than perpental)	_		
6.	04/01/2018			_		
		(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,				
7. 817 Ottawa Avenue Nw, Grand Rapids, MI 49503						
		(Principal o	ffice address)	_		
		······································		 <u>(</u> ဂ		•
		(Current mailing an	kiress, if different)	<u> </u>	9	
ρ	Name and time	et address of Florida registered agents (D.C. E	NOT account to		NA.	<u>-</u> j
8. Name and street address of Florida registered ages			ox NOL acceptable)	<u>}</u>	 	-
	Name:	InCorp Services, Inc.	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	<b></b> ,		;
Office Address:		17888 67th Court North	ריי			į i
		Loxahatchee	, Florida 33470	<u> </u>	-5	٠.
		(City)	(Zip code)	T .	30	
Ha des fur	ving been nam signated in this ther agree to co	application, I hereby accept the appointment omply with the provisions of all statutes related amiliar with and accept the obligations of my	Patricia Reyes on behalf of InCorp Services,	acity. I	<i>t</i>	

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.

11. Names and business addresses of officers and/or directors:			
A. DIRECTORS			
Chairman:			
Address:			
·			
Vice Chairman:			
Address:	-		<del></del>
Director: Nathan McFadden			_
Address: 817 Ottawa Avenue Nw		·	_
			—
Grand Rapids MI 49503		<del></del>	<del></del>
Director:	-		
Address:			
··	<del></del>		_
B. OFFICERS	4		
President: Nathan McFadden	<u> </u>	19_	
Address: 817 Ottawa Avenue Nw	≥ 1. 	¥	<del>,,</del>
Grand Rapids MI 49503	30.25	<u></u>	
Vice President:	(m) €2 (m) = (i	2>>	
Address:	70	<del></del>	
	72 (S)		_
Secretary: Nathan McFadden	<u> </u>		
Address: 817 Ottawa Avenue Nw. Grand Rapids, MI 49503	<del></del> -		
Treasurer: Nathan McFadden			
Address: 817 Ottawa Avenue Nw. Grand Rapids, MI 49503		<del></del>	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or di	rectors.		
12. Kung King Sing of Pi		~ <del></del>	_
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affirms that the facts are true and that he or she is aware that false information submitted in a document to the Department of S a third degree felony as provided for in s.817.155, F.S.	s stated l tate con	berein stitutes	3
13. Nathan McFadden, President		-	
(Typed or printed more and capacity of person signing application)			_





Lansing, Michigan

This is to Certify That

ELEVATOR SERVICE, INC.

was validly incorporated on December 8 , 1993 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith end credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 19010159570

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 3rd day of January, 2019.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.