

1/18/2019

FAA  
Division of Corporations  
Florida Department of State

Florida Department of State  
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 : I20120000007  
Phone : (702) 866-2500  
Fax Number : (702) 866-2689

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19 JAN 18 AM 10:18  
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U.S. DEPARTMENT OF JUSTICE  
ALL INFORMATION CONTAINED  
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UCBAW

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

Email Address: documents@incorp.com

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Elevator Service, Inc.**

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

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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.*

1. Elevator Service, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")  
  
Elevator Service ESI Inc.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Michigan 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/08/1993 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)
6. 04/01/2018  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 817 Ottawa Avenue Nw, Grand Rapids, MI 49503  
(Principal office address)  
  
\_\_\_\_\_  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: InCorp Services, Inc.  
Office Address: 17888 67th Court North  
Loxahatchee, Florida 33470  
(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.*



Patricia Reyes on behalf of InCorp Services, Inc.  
(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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

## A. DIRECTORS

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: Nathan McFadden

Address: 817 Ottawa Avenue Nw

Grand Rapids MI 49503

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

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

## B. OFFICERS

President: Nathan McFadden

Address: 817 Ottawa Avenue Nw

Grand Rapids MI 49503

Vice President: \_\_\_\_\_

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

Secretary: Nathan McFadden

Address: 817 Ottawa Avenue Nw, Grand Rapids, MI 49503

Treasurer: Nathan McFadden

Address: 817 Ottawa Avenue Nw, Grand Rapids, MI 49503

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. Nathan McFadden, President

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

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STATE OF FLORIDA  
TALLAHASSEE

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FAX No.

F.005  
H19000021996



**Department of Licensing and Regulatory Affairs**  
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 and 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>.

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