

F190000004556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

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From:

10/02/2019 11:46

#615 P.001/005

# Interstate Corporation

[www.InterstateMaintenance.com](http://www.InterstateMaintenance.com)

F  
A  
X

To: Yvette Scott

Date: Tuesday, October 01, 2019

Fax No: 850-245-6051 6030

From: Corinne Milks

Subject: Application to Transact Business

Copy:

Total Pages (including cover page): 5

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TALLAHASSEE, FLORIDA

Urgent	Reply ASAP	Please Comment	Please Review	FYI
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Hi Yvette,

I have updated the application with an alternate name.

Please let me know now if you need additional information.

Thanks,  
Corinne Milks

Corinne Milks Bookkeeper  
[cmilks@interstatemaintenance.com](mailto:cmilks@interstatemaintenance.com)

215.675.8500  
Fax: 267.803.0136  
508 Prudential Road, Suite 100  
Horsham, PA 19044  
[www.interstatemaintenance.com](http://www.interstatemaintenance.com)



2019 OCT -2 PM 12:05

The information contained in this fax may be privileged, confidential, and protected from disclosure. If the reader of this message is not the intended recipient, employee or agent responsible for delivering this fax, you are hereby notified that any dissemination, distribution, or copying of this information is strictly prohibited. If you have received this fax in error, please notify us by calling the number listed below.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 1, 2019

CORINNE MILKS  
508 PRUDENTIAL RD.  
STE:100  
HORSHAM, PA 19044

SUBJECT: INTERSTATE CORPORATION  
Ref. Number: W19000069534

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

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Yvette Scott  
Document Specialist II

Letter Number: 019A00015716

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations  
Interstate Corporation

**SUBJECT:** \_\_\_\_\_  
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:  
Corinne Milks

\_\_\_\_\_  
Name of Person

Interstate Corporation

\_\_\_\_\_  
Firm/Company

508 Prudential Rd Ste 100

\_\_\_\_\_  
Address

Horsham PA 19044

\_\_\_\_\_  
City/State and Zip code

cmilks@interstatemaintenance.com

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

For further information concerning this matter, please call:

Corinne Milks at (215) 675-8500

\_\_\_\_\_  
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:

- ☒ \$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

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TALLAHASSEE, FL  
STATE OF FLORIDA

# 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.

Interstate Corporation

1. Interstate Janitorial Services Corp.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

2. Pennsylvania 3. 06-1831307  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/07/2007 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. 508 Prudential Rd Ste 100, Horsham PA 19044  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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TALLAHASSEE, FLORIDA

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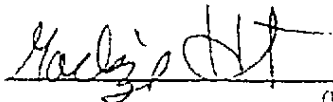
## 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agent Solutions, Inc

Office Address: Office Plaza Dr, Ste A  
Tallahassee, FL 32301  
(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.*



Mackenzie Hart, Assistant Secretary  
(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.

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

## A. DIRECTORS

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

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

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

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

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

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

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

Address: \_\_\_\_\_  
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TALLAHASSEE, FLORIDA

## B. OFFICERS

President: Robert Weller

Address: 508 Prudential Rd Ste 100

Horsham PA 19044

Vice President: Rachel Weller

Address: 508 Prudential Rd Ste 100

Horsham PA 19044

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. Robert Weller, CEO \_\_\_\_\_

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

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

07/31/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Interstate Corporation

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

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TALLAHASSEE FLORIDA  
SECRETARY OF STATE



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

*Kathleen Bookman*

Acting Secretary of the Commonwealth

Certification Number: TSC190731120849-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>