# F19000000464

(Re	equestor's Name)	
(Ad	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	<u> </u>
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 26, 2019

TAMARA BENZELESKI 6225 LEHMAN DR. COLORADO SPRINGS, CO 80913

SUBJECT: TRIPLE C COMPLETE CARPET CARE & RESTORATION, INC.

Ref. Number: W19000086487

We have received your document for TRIPLE C COMPLETE CARPET CARE & RESTORATION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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

www.sunbiz.org

Letter Number: 019A00019804

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Typle C Complete Carpet Care Name of corporation - must include	2 + Restoration,=
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization "Certificate of Existence," or "Certificate of Good Standing" and che above referenced foreign corporation to transact business in Florida.	to Transact Business in Florida. ck are submitted to register the
Please return all correspondence concerning this matter to the following	ng:
Name of Person	
Triple C Complete Curret ou	se + Restoration
10225 Lennar Dr	
Address AD COSIONE AD COSIO	
City/State and Zin code	
City/State and Zip code  Sharler & tryleccurret Com  E-mail address: (to be used for future annual	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter, please call:	
Sharlee Murray at 719, 425	51884
	ime Telephone Number
Registration Section Reg Division of Corporations Divi Clifton Building P.O.	ILING ADDRESS: istration Section ision of Corporations. Box 6327 ahassee, FL 32314
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ Certified Co	

BUSINESS IN FLORIDA		
REGISTER A FORE	WITH SECTION 607.1503, FLORIDA STATU EIGN CORPORATION TO TRANSACT BUSIF	NESS IN THE STATE OF FLORIDA.
, Truple C.C.	poration; must include "INCORPORATED," "CC	stovation. Inc
(Enter name of cor "Inc.," "Co.," "Cor	poration; must include "INCORPORATED," "CCp," "Inc," "Co," or "Corp.")	DMPANY," "CORPORATION,"
Tru	Ple C Restoration le in Florida, enter alternate corporate name adopte	
2. Colora	20003	94 · 145 1062 (FEI number, if applicable)
4.	5 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 6 5 5 5 5	
(Date o		(Date of duration, if other than perpetual)
6.	11/1/2018	
	(Date first transacted business in Flor	
	(SEE SECTIONS 607.1501 & 607.1502, F	, i
7. bris	vennan Dr. Colorado S (Principal of	orvas, w 80918 11
		fice address)
<del></del>	Gme	6- I
	(Current mailing add	iress, if different)
8. Name and street	address of Florida registered agent: (P.O. Bo	ox NOT acceptable)
Name:	Tamara Benzeleski	
Office Address:	13800 Panama City Beach Panama City Beach (City)	ch Parkenbuy #345
	Panama City Beach	Florida 32407
	(City)	(Zip code)
9. Registered agei	•	
further agree to co	application, I hereby accept the appointment mply with the provisions of all statutes relatimiliar with and accept the obligations of my	ve to the proper and complete performance .
		,
(	In ram Banelo 82	
	(Registered agent	's signature)
the Department of S	ertificate of existence duly authenticated, not state, by the Secretary of State or other officianich it is incorporated.	

A. DIRECTORS	
Chairman:	<u> </u>
Address:	<u> </u>
	ļ
Vice Chairman:	<u> </u>
Address:	
Director:	
Address:	
Director:	
Address:	
	$\int$
B. OFFICERS .	*
President: Mara Benzelesky	
Address: Wy Lehman Dr	
	-
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If pecessary, you may attach an addendum to the application listing additional officers and/or of	directo
12. Janea Borgeloon	_
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affirms that the factor of the control of the contro	
are true and that he or she is aware that false information submitted in a document to the Department of a third degree felony as provided for in s.817.155, F.S.	1
13. Tamara Benzeleski, President	
(Typed or printed name and capacity of person signing application)	

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

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

## CERTIFICATE OF FACT OF GOOD STANDIN

I. Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to 1 records of this office.

TRIPLE C COMPLETE CARPET CARE AND RESTORATION, INC

#### is a

### Corporation

formed or registered on 11/05/2002 under the law of Colorado, has complied with all appli requirements of this office, and is in good standing with this office. This entity has been assigned a identification number 20021306411.

This certificate reflects facts established or disclosed by documents delivered to this office on paper the 09/11/2019 that have been posted, and by documents delivered to this office electronically the 09/12/2019 @ 10:06:02

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issue official certificate at Denver, Colorado on 09/12/2019 @ 10:06:02 in accordance with applicable This certificate is assigned Confirmation Number 11796151



Secretary of State of the State of Colorado

\*\*\*\*\*\*\*\*\*\*End of Certificate\*\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and el However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Va. Certificate page of the Secretary of State's Web site, http://www.no.state.co.us/biz/CertificateSearchCriteria.do entering the cert confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, www.no.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."