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COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: McCann Se	rvices, Inc.		
	Name of corporation -	must include suffix	
Dear Sir or Madam:			
"Certificate of Existence,"		authorization to Transact Businessing" and check are submitted to resin Florida.	
Please return all correspon Mary Puccetti	dence concerning this matter t	o the following:	
	Name of P	erson	
McCann Services, Inc.			~:
Firm/Company 14560 Aeries Way Dr.			
	Addres	SS .	910230
Fort Myers, FL 33912	Fort Myors, FL 33912)
	City/State and	d Zip code	
mary_puccetti@comcast.r			_
	E-mail address: (to be used fo	r future annual report notification)
For further information co	ncerning this matter, please ca	II:	
Mary Puccetti	614 at (309-6423	
Name of Person	Area Code	Daytime Telephone Numb	oer .
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	: FLORIDA DEPARTMENT (\$78.75 Filing Fee & S87 Certified Copy Cert	50 Filing Fee, ificate of Status & ified 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.

"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")			
M McCann Se	rvices, Inc.			
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting busin	ness in Florida)	
Ohio	3 3	31-1449458		
(State or count	y under the law of which it is incorporated)	(FEI number. if applicable)		
11/8/	95 5			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
8/1/19				
	(Date first transacted business in F.	lorida, if prior to registration)		
	ACCE OF CITATION OF A COLUMN A CORDINA			
14560 Aprios \A	(SEE SECTIONS 607.1501 & 607.1502			
14560 Aeries W	/ay Dr., Fort Myers, FL 33912	, F.S., to determine penalty liability)		
14560 Aeries W		, F.S., to determine penalty liability)		
14560 Aeries W	/ay Dr., Fort Myers, FL 33912 (Principal office	street address)		
14560 Aeries V	/ay Dr., Fort Myers, FL 33912 (Principal office	, F.S., to determine penalty liability)	2019 D	
	(Principal office) (Current mailing a	street address) address, if different)	2019 Di-C	
Name and stre	(Principal office (Current mailing a get address of Florida registered agent; (P.O. I	street address) address, if different)	9 1	
	(Principal office (Current mailing a set address of Florida registered agent; (P.O. I Mary Puccetti	street address) address, if different)	9 1	
Name and stre Name:	(Principal office (Current mailing a get address of Florida registered agent; (P.O. I	street address) address, if different)	9 1	
Name and stre	(Principal office (Current mailing a set address of Florida registered agent; (P.O. I Mary Puccetti	street address) address, if different)	2019 DEC 16 PH 12: 46	

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.

(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.

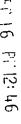
A. DIRECTORS							
□Chairman	Name: Mary E. Puccetti	□Chairman	Name:	 			
□ Vice Chairman	Address:	□Vice Chairman	Address:				
Director	Fort Myers, FL 33912	Director					
President		□President					
□ Vice President		□Vice President					
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer			
Other	Other	Other		Other			
□Chairman	Martin F. Puccetti	□Chairman	Name:				
	14560 Aeries Way Dr. Address:	□ Vice Chairman					
■Director	Fort Myers, FL 33912	□Director					
□President		□President					
□Vice President		□ Vice President	 				
Secretary	Treasurer	☐ Secretary		□Treasurer			
□Other	□Other	Other		□Other			
□ Chairman	Name:	□Chairman	Name	2019 D			
	Address:	□Vice Chairman		·-:			
Director	Address.	Director	Address.				
□President		□President		72:			
		□Vice President		6			
Secretary	☐ Treasurer	☐ Secretary		□Treasurer			
Other	Other	Other		□Other			
Important Notice: individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida/Deport of Direct Signature of Direct Control of Direct Contro	artment of State Annual Re	port form.	purposes only. Non-indexed			
	ctor signing this document (and who is listed in malse information submitted in a document to the D						

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

Mary E. Puccetti President

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MCCANN SERVICES, INC., an Ohio corporation, Charter No. 922681, having its principal location in Columbus, County of Franklin, was incorporated on November 8, 1995 and is currently in GOOD STANDING upon the records of this office.





Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 11th day of December, A.D. 2019.

Ohio Secretary of State

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Validation Number: 201934501832