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(Requestor's Name)					
(Address)					
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,					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Corrected # 11 as requested by Mr. Powell. 8/3/2020					
by Mr. Powell. 8/3/2020					
vtt					
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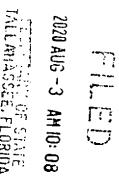
Office Use Only



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COVER LETTER

TO:	Registration Secti Division of Corpo			
SUBJ	ест: <u>Қ. Ғ</u>		ion - must include suffix	Services Co
Dear S	ir or Madam:			
"Certif	icate of Existence,'		for Authorization to Transactanding" and check are subtiness in Florida.	mitted to register the
Please	. /	ndence concerning this ma		SSEE, FI
15.	P Profe	BBIDNA JONE	of Person To Rial Company	ces (am) any
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ton			ddress A. 30127. te and Zip code	
Kþ	profession	City/Sta Le-mail address: (to be us	te and Zip code D. G. mail. Co ed for future annual report i	notification)
For fur	rther information co	oncerning this matter, plea	se call:	
Kar	Name of Person	sell at (HO)	U) 707 - 868 Code Daytime Telep	O . Shone Number
	STREET/COUR Registration Sect Division of Corpo The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations Hahassee Street, Suite 810	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
Please	make check payable	e following amount: to: FLORIDA DEPARTMI \$78.75 Filing Fee & Certificate of Status	ENT OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



July 28, 2020

KARL D. POWELL 150 GLORY LANE POWDER SPRINGS, GA 30127

SUBJECT: KP PROFESSIONAL JANITORIAL SERVICES, COMPANY

Ref. Number: W20000081279

We have received your document for KP PROFESSIONAL JANITORIAL SERVICES, COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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.

Letter Number: 320A00014177

Yvette Scott Document Specialist II

www.sunbiz.org

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. K.P. Professional Janiforial Services Company.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Corp," "Inc," "Co.," "Corp," "Inc," "Co.," "Corp.")
. 1 ~
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Conga U.S.A. (State or country under the law of which it is incorporated) (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Date of incorporation) 5. (Date of duration, if other than perpetual)
O
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1511 Edgewater Dr Orlando H. 32804 (Principal office street address)
7. 1317 Edgewater Dr Orlando H. 32804 Principal office street address) Principal office street address) GA - 30127. (Current mailing address, if different)
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
V I > D / II
Name:
Office Address: 1317 Edgenater Dr Gte# 1309 Orland= Florida 32804.
O1 0Nd= . Florida 32804.
(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 dutie and I am familiar with and accept the obligations of my position as registered agent.
1
MorlD. towell.

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.

(Registered agent's signature)

A. DIRECTORS							
□Chairman	Name:	□Chairman	Name:				
☐ Vice Chairman	Address:	□ Vice Chairman	Address:				
□Director	KADI D DOMEH	□Director					
President	KARL D. POWELL 150 GLORY LANE POWDER SPRINGS, GA 30127	President					
□ Vice President		□ Vice President					
Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other	Other	Other	Other				
□Chairman	Name:	□Chairman	Name: T 23				
□Vice Chairman	Address:	☐ Vice Chairman	Address:				
Director		Director	- β δ				
□President		□President	A CO				
□Vice President		□Vice President	10: 08				
Secretary	□Treasurer	☐ Secretary	□Treasurer				
Other	Other	Other	Other				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□ Vice Chairman	Address:				
□Director		□Director					
□President	· -	□President					
□Vice President		□Vice President					
☐ Secretary	Treasurer	☐ Secretary	□Treasurer				
□Other	Other	Other	Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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	(Typed or printed name and capacity of pers	tresiden	t (ourse)				
	(1 ypea or printed name and capacity of pers	on signing apprication	··/				

Control Number: 12042904

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

KP PROFESSIONAL JANITORIAL SERVICES, COMPANY

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 19257045
Date Inc/Auth/Filed: 05/18/2012
Jurisdiction : Georgia
Print Date : 07/12/2020

Form Number : 211



Brad Raffansperger

Brad Raffensperger Secretary of State