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COVER LETTER

~	stration Section ion of Corporations			
SUR IF CT :	DURAFORCE CLEANING	SERVICE INC		
JOBSEC I.	Name	of corporation -	must include suffix	
Dear Sir or M	ladam:			
*Certificate o	"Application by Foreign Co f Existence," or "Certificate eed foreign corporation to to	of Good Stand	ing" and check are sub-	et Business in Florida." mitted to register the
Please return	all correspondence concerni	ing this matter	o the following:	
RICKIE DICK	ERSON			
		Name of P	erson	
DURAFORCE	CLEANING SERVICE INC			
		Firm/Comp	pany	
6781 MID CIT	TES AVE			
	-	Addres		
BELTSVILLE	, MARYLAND 20705			
	-	City/State an	d Zip code	
DURAFORCE	E10@GMAHCOM			
	E-mail address	s: (to be used fo	r future annual report i	otification)
For further in	formation concerning this n	natter, please ca	II:	
RICKIE DICK	ERSON	301) 877- 8070 Daytime Telephone Number	
Nam	e of Person	Area Code	Daytime Telepl	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a Please make ch □ \$70,00 Fil	check for the following amoreck payable to: FLORIDA Ding Fee	EPARTMENT g Fee &	OF STATE \$78,75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee. Certificate of Status & Certified 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.

1. DURAFORCE CLEANING SERVICE INC (Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION."							
	corporation: must include "INCORPORATED," "Torp," "Inc." "Co." or "Corp.")	COMPANY, CORPORATION.					
(If name unavai	lable in Florida, enter alternate corporate name ado	opted for the purpose of transacting but	siness in Florida)				
2. MARYLAND	3. 52	52-2315676					
(State or count	ry under the law of which it is incorporated)	of which it is incorporated) 52-2315676 (FEI number, if applicable)					
05/2005 4.	5.						
(Date	5	(Date of duration, if other than	perpetual)				
6							
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) 2. F.S., to determine penalty liability)					
3944 ARBOR M	IILL CIR. ORANGE PARK FL 32065						
/ ·	(Principal office	street address)					
(Current mailing address, if different)			<u> </u>				
8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)							
Name:	RICKIE DICKERSON		٠				
Office Address:	10950-60 SAN JOSE BLVD. SUITE 186						
	JACKSONVILLE	, Florida	(71 (3)				
	(City)	(Zip code)					
9. Registered as	gent'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 RICKIE DICKERSON □ Chairman Name: Name: _____ □ Chairman 3944 ARBOR MILL CIR Address: _____ □ Vice Chairman Address: □ Vice Chairman ORANGE PARK, FL 32065 □Director □ Director President President □ Vice President □ Vice President □Treasurer □ Secretary □Treasurer □ Secretary □Other_____ □Other _____ □Other _____ □ Other _____ ☐ Chairman Name: ______ □ Chairman □Vice Chairman Address: _____ □Vice Chairman Address: ______ Director □Director □President President □Vice President □Vice President _____ □ Secretary ☐ Treasurer □Treasurer □ Secretary □Other_____ □Other _____ □Other □Other _____ ☐ Chairman Name: □Chairman □ Vice Chairman Address: _____ □Vice Chairman Address: □ Director □ Director □ President President ☐ Vice President □Vice President □ Treasurer □ Secretary ☐ Treasurer □ Secretary □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. 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 \$817.155, F.S.

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM. THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT DURAFORCE CLEANING SERVICE, INC. (D06220263), INCORPORATED MARCH 05, 2001, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL

ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS. AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND. AT BALTIMORE ON THIS JULY 21, 2021.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 - Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT Voice

> Online Certificate Authentication Code: \$393-kztNEWaa0amaJpp4A To verify the Authentication Code, visit http://dat.maryland.gov/verify