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S. ROBERTS

OCT 2 8 2021



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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: L. & M. Services, Incorpo	orated			
Nar	ne of corporation -	must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign "Certificate of Existence," or "Certific above referenced foreign corporation to	ate of Good Stand	ing" and check are subm		
Please return all correspondence conce	erning this matter t	o the following:		
Brian Boice				
	Name of P	erson		
Boice Law Firm, PLLC				
	Firm/Comp	oany		
1010 S.L. St, Suite A				
	Addres	is .		
Tacoma, WA 98405				
	City/State an	d Zip code		
bboice@soseattle.com				
E-mail add	ress: (to be used fo	r future annual report no	tification)	
For further information concerning this	s matter, please ca	11:		
Brian Boice	at (<u>253</u>	944-1212		
Name of Person	Area Code	Daytime Telepho	one Number	
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		
Enclosed is a check for the following a Please make check payable to: FLORIDA \$70.00 Filing Fee \$78.75 F Certifica	DEPARTMENT	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.	L. & M. Service:	s, Incorporated					
		orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp,")	ED.	" "COMPANY." "CORPORATIO	N."		
	ServiceMaster o	f Seattle, Inc.					
	(If name unavaila	ible in Florida, enter alternate corporate na	me	adopted for the purpose of transacting	ng business in F	lorid	ແ)
2.	Washington		3.	91-1294894			
	(State or country under the law of which it is incorporated))	(FEI number, if applicable)			
4.	04/18/1985			Perpetual			
т.	(Date of incorporation)		• •	(Date of duration, if other than perpetual)			
6.	No business pric	or to registration					
7.	15000 Woodinvil	(Date first transacted busine: (SEE SECTIONS 607.1501 & 60 de Redmond Rd NE, Ste B600, Woodinvill	7.1	n Florida, if prior to registration) 502, F.S., to determine penalty liabil VA 98072	ity)		
		(Principal	ofi	ice <u>street</u> address)			
		(Current ma	aili	ng address, if different)	SEC SEC	70.7 20.7	
8.	. Name and <u>stree</u>	et address of Florida registered agent: (P.0	D. Box <u>NOT</u> acceptable)	WIT WE	9091 OCT 28	detima summa detima
	Name:	Corporation Service Company			ίρ		; ; 72
Off	ffice Address:	1201 Hays Street			SEE,	PM L:	ا د و ليي)
		Tallahassee		Florida <u>32301</u>		 	
		(City)		(Zip code)	1	_	

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.

Row J. Thanki Mart V. F.

(Registered agent's signature) Doreen S. Haeselin, Asst. VP

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.

DocuSign Envelope ID: 52A7FE65-3BA3-441D-89F7-7E5C34B60C53

A. DIRECTORS

□Chairman	Name: Michael Mack	□ Chairman	Name:			
□Vice Chairman	Address: 4121 110th St SE	□Vice Chairman	Address:			
□Director	Everett, WA 98208-5471	□Director				
⊉ President		□President				
□Vice President		□ Vice President				
□Secretary	☐'Treasurer	☐ Secretary		□Treasurer		
□Other		Other		□Other		
□Chairman	Name: Richard Barr	□Chairman	Name:			
□Vice Chairman	Address: 18 217th PL SW	□Vice Chairman	Address:			
□Director	Bothell, WA 98021-8225	□Director				
□President		□President				
∠ Vice President		□Vice President				
□ Secretary	□Treasurer	☐ Secretary		□Treasurer		
Other	□Other	□Other	····	□Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman				
□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. Mulat S. Made 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. Michael Mack, President



Secretary of State

1, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF.

L. & M. SERVICES, INCORPORATED

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 04/18/1985.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 09/20/2021 UBI Number: 600 579 672

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

tion Ufma

Date Issued: 09/20/2021

