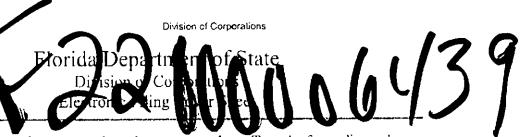
10/12/22, 2:27 PM

PLEASE USE **ORIGINAL FILING** SUBMISSION DATE OF 10/12/2022



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000350523 3)))



H220003505233ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

Fax Number

: (954)208-0845

: (614)573-3996

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:		

FOREIGN PROFIT/NONPROFIT CORPORATION COMPLETE CARPET CARE INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

PLEASE USE **ORIGINAL FILING** SUBMISSION DATE OF 10/12/2022

Electronic Filing Menu Corporate Filing Menu

Page, 3 of 5

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.

Complete Carp					
		nust include "INCORPORATED, "Co," or "Corp.")	" "COMPAN	(Y," "CORPORATION,"	
Servicemaste	er by Compl	ete, Inc.			
(If name unavai	lable in Flori	la, enter alternate corporate name	adopted for th	he purpose of transacting business in	Florida)
New York		3			
				(FEI number, if applicable)	17.3
(Dat	e of incornor	5. ation)	(Da	ite of duration, if other than perpetua	
			·		12
	(\$1	(Date first transacted business i EE SECTIONS 607.1501 & 607.1			2:21 12 F" 5:41
40 gaton street, s	staten island i	y 10309			<i>√,</i>
		(Principal off	ice <u>street</u> add	ress)	
34 hallister stree	et, staten isla:	id ny 10309			
Name and <u>stra</u> Name:	C T Co	f Florida registered agent: (P.0 poration System	D. Box <u>NOT</u>	[_acceptable)	
ífice Address:		th Pine Island Road	<u> </u>		
	Plantatio	n	FL	33324	
		(City)		(Zip code)	
esignated in thi irther agree to	med as regis is application comply with	tered agent and to accept serven, I hereby accept the appoint the provisions of all statutes to accept the obligations of my possible the obligations of my possible to the obligations of the obligations obligations of the obligations	ment as regi relative to th osition as reg Cr	vistine Kolm	his capacity
_	Ву:	Chratinical	Assis	stant Secretary	
-		(Registered agent's s	ignature)		

^{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 history was a transfer of the description of the first of the first of the contract of the state of the second of the first of the fi

s.817.155, F.S.

Stacey Podurgiel

A. DIRECTORS				
□Chainnan	Stacey Podurgiel Name:	⊒Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	staten island ny 10309	□Director	VIA 4-1 AAR SARA A BE BESTE	
■ President		1)President		
□Vice President	A	□Vice President		
ElSecretary	ElTreasurer	Secretary		☐Treasurer
□Other		□Other		□Other
□Chairman	Name:	□ Chainnan	Name:	
□Vice Choirman	Address:	□Vice Chairman	Address:	
Director		Director		
□ President		□ President		C-1
□Vice President		□Vice President		
□ Secretary	□ Treasurer	Secretary		☐Treas <u>ur</u> er :>>
□Other		□Other		
□Chairman	Name:	□Chainnan	Name:	27
	Address:	□Vice Chairman		
Director		Director	•	
©President		□President		
		□Vice President		
□Secretary	☐ Treasurer	Secretary		□Treasurer
□Other	□Other	⊖Other		□Other
The officer or direction	Use an attachment to report more than six (6). The at added to the index when filing your Florida Departs Signature of Director signing this document (and who is listed in numbers information submitted in a document to the Departs	r or Officer ber 11 above) affirms the	eport form.	ted herein are true and that he or

2022-10-17 08:08 19 CST

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

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: COMPLETE CARPET CARE INC.

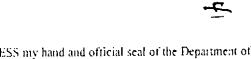
DOS ID Number: 3143929

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 12/31/2004

Statement Status: CURRENT Statement Due Date: 12/31/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.





WITNESS my hand and official seal of the Department of State, at the City of Albany, on October 12, 2022 at 12:11 P.M.

Brandon C. Hughan

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100002329951 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov