## Faaccoo 6594

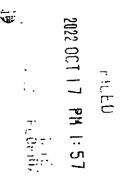
(Requestor's Name)								
(Address)								
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(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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T. LEMIEUX OCT 25 2022

#### **COVER LETTER**

TO: Registration Division o	on Section of Corporations						
SUBJECT: Ant	im's Quality Services Corp DI	BA ServiceN	Aaster Recovery By Antir	n's Quality Services			
obsect	Name of co	orporation	must include suffix				
Dear Sir or Madan	n:						
"Certificate of Exi	olication by Foreign Corporations," or "Certificate of Coreign corporation to transa	Good Stand	ing" and check are sub	et Business in Florida," mitted to register the			
Please return all co Elisei Antim	orrespondence concerning t	his matter	o the following:				
-		Name of P	erson				
9052 Tuscan Cypres		Firm/Comp	any				
	3 01	Addres					
Kissimmee, FL 347	47 United States	Addres	5				
servicemaster@byai		ty/State an	d Zip code				
·	E-mail address: (to	be used fo	r future annual report n	otification)			
For further informa	ntion concerning this matter	r, please ca	II:				
Elisci Antim 951			801-1821				
Name of I		Area Code	Daytime Teleph	none 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				
	c for the following amount: ayable to: FLORIDA DEPAI ce \$78.75 Filing Fe Certificate of Sta	RTMENT (	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.

i.	Antim's Quality	·								
	(Enter name of c	orporation: must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D,"	"COMPANY," "CORPORATION,"						
	(If name unavail	able in Florida, enter alternate corporate nam	ne ac	dopted for the purpose of transacting b	usines	s in	Florie	 da)		
2.	Washington		3	31-1161161						
4.	(State or country under the law of which it is incorpora 04/01/2019									
				(Date of duration, if other than perpetual)						
6.										
7.		oress St Kissimmee, FL 34747	ffice	2, F.S., to determine penalty liability)  e street address)  . UNITED STATES	<del></del>			<del></del>		
		(Current mai	ling	address, if different)	<u></u>		20:			
8.	Name and street	et address of Florida registered agent: (P	.O.	Box NOT acceptable)			2022 OCT			
	Name:	Elisei Antim			ı		CT 17			
Of	ffice Address:	9052 Tuscan Cypress St		<del></del>		<b>`</b>	775			
		Kissimmee		34747 , Florida	<u> </u>	₹.	<del></del>			
		(City)		(Zip code)	Ţ	=	57			

#### 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 Elisei Antim Name: \_ □ Chairman □ Chairman Name: \_\_\_\_\_ 13411 ETRENT AVE, B102 □Vice Chairman ☐ Vice Chairman Address: \_ Address: \_\_\_ .\_ SPOKANE VLY, WA, 99216 Director □ Director President □ President □Vice President \_\_\_\_\_ ☐ Vice President □Treasurer ☐ Secretary □ 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 \_\_\_\_\_ □ 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 \_\_\_\_\_ 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 s.817.155, F.S. Elisei Antim 13. \_

# The State of Menica **Bashington**

## Secretary of State

1, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

#### CERTIFICATE OF EXISTENCE

OF

#### ANTIM'S QUALITY SERVICES CORP

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 04/01/2019.

1 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.

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

1 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 10/12/2022 UBI Number: 604 421 621

R Hohlie

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

Steve R. Hobbs, Secretary of State

Date Issued: 10/12/2022