

F22000006595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

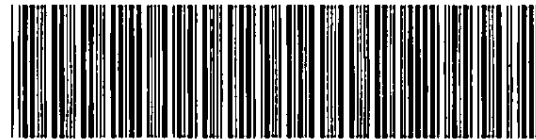
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000395484660

10/17/22--01029--002 **70.00

10

FILED
OCT 17 2022

2022 OCT 17 PM 2:14

FILED

T. LEMIEUX
OCT 25 2022

October 11, 2022

VIA CERTIFIED MAIL:

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314



RE: Application by Foreign Corporation to Transact Business in Florida

To whom it may concern:

Enclosed please find an ***Application by Foreign Corporation for Authorization to Transact Business in Florida***. Also enclosed please find a Certificate of Existence regarding the status of the corporation in the state of Oregon, as well as check for appropriate fees.

Should you have any questions regarding this application, please contact me via email at sklein@sglaw.com or via phone at (503) 399-1070.

Thank you!

Sincerely,

A handwritten signature in cursive script, appearing to read "Sarah M. Klein".

SARAH M. KLEIN
sklein@sglaw.com
Voice Message #345

smk
Enclosures

Portland, Suite 200
250 Church Street SE
Salem, Oregon 97301
Post Office Box 470
Salem, Oregon 97308
tel: 503 399 1070
fax: 503 371 2927
www.sglaw.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ServiceMaster of Salem, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Lacey Bollinger
Name of Person
ServiceMaster of Salem, Inc.
Firm/Company
2275 Judson St SE
Address
Salem, OR 97302
City/State and Zip code
lacey@smSalem.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lacey Bollinger at (503) 585-4017
Name of Person Area Code Daytime Telephone 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 amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$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. ServiceMaster of Salem, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Oregon 3. 93-0768498
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/26/1970 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. October 9th, 2022
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2275 Jivison St SE, Salem, OR 97302
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Unisearch, Inc.

Office Address: 1990 Main Street, Suite 750-709

Sarasota Florida 34236
(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 duties, and I am familiar with and accept the obligations of my position as registered agent.

Lance Cooper NSSI Secretary
(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]

A. DIRECTORS

☐ Chairman Name: Brian Greer
☐ Vice Chairman Address: 3414 Deer Lake Ct SE
☐ Director Salem, OR 97317
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Kelly Greer
☐ Vice Chairman Address: 3414 Deer Lake Ct SE
☐ Director Salem, OR 97317
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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. Brian Greer President
(Type or printed name and capacity of person signing application)

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 66571

I, SHEMA FAGAN, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

SERVICEMASTER OF SALEM, INC.

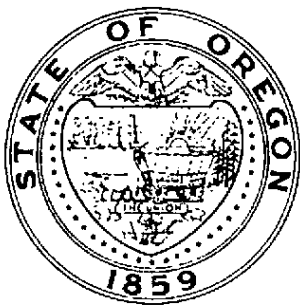
is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto
set my hand and affixed hereto the
Seal of the State of Oregon.



A handwritten signature in black ink, appearing to read "Shemia Fagan".

SHEMA FAGAN, SECRETARY OF STATE

Issued Date: 10/7/2022



Come visit us on the internet at: <https://sos.oregon.gov/business>
or use the QR code to check their current status.