

F23000002792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

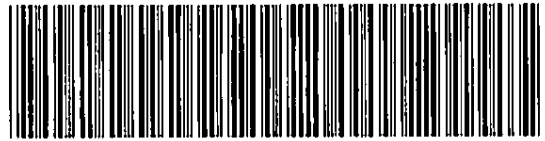
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FILED
2023 MAY -2 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. Jones

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SC SERVICES, INC.

Name of Corporation – must include suffix

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:

Jason S. Lambert, Esq.

Name of Person

Dinsmore & Shohl, LLP

Firm/Company

201 N. Franklin St. Ste. 3050

Address

Tampa, FL 33602

City/State and Zip Code

filings@southerncontractorservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Lambert

Name of Contact Person

813-543-9823

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe St. Ste. 810
Tallahassee, FL 32303

Enclosed is a check for the following amount made payable to **FLORIDA DEPARTMENT OF STATE:**

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status and Certified Copy
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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. SC SERVICES, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp."
"Inc.," "Co.," or "Corp.")
- (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida.)
2. California 3. 42-1735127
(State or country under the law of which it is incorporated) (FEI Number, if applicable)
4. 7/13/2007 5. Perpetual
(date of incorporation) (Date of duration, if other than perpetual)
6. Not applicable.
(Date first transacted business in Florida, if prior to registration)
7. 13794 HIGHWAY 8 BUSINESS SUITE 3, EL CAJON, CA 92021
(Street Address of Principal Office)
- 13794 HIGHWAY 8 BUSINESS SUITE 3, EL CAJON, CA 92021
(Current mailing address, if different)

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

Name: SCS Registered Agent
Office Address: 3225 S. Macdill Ave Ste 129-205
Tampa, FL 33629

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TALLAHASSEE, FLORIDA

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



2/28/2023

(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]:

☐ Chairman Name: Bryan Allen Simpson
☐ Vice Chairman _____
☐ Director Address: 13794 HIGHWAY 8
☒ President BUSINESS SUITE 3
☐ Vice President EL CAJON, CA 92021
☐ Secretary _____
☐ Other _____

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

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

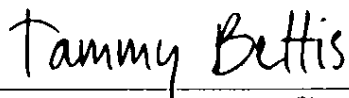
☐ Chairman Name: Tammy Bettis
☐ Vice Chairman _____
☐ Director Address: 13794 HIGHWAY 8
☐ President BUSINESS SUITE 3
☐ Vice President EL CAJON, CA 92021
☐ Secretary _____
☒ Other CEO

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

☐ Chairman Name: _____
☐ Vice Chairman _____
☐ Director Address: _____
☐ President _____
☐ Vice President _____
☐ Secretary _____
☐ 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.

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2/28/2023

Signature of Officer or Director

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.

Tammy Bettis as CEO of SC Services, Inc.

13. Bryan Allen Simpson as President of SC SERVICES, INC.

(Type or printed name and capacity of person signing the application)



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	SC SERVICES INC
Entity No.:	3018574
Registration Date:	07/13/2007
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 28, 2023.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 086424738

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.