F24000005776

(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:						
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Office Use Only



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10/23/24--01032~-003 **70.00



Servicemaster Clean

Crane Integrated Facilities Services, Inc. Dba ServiceMaster by Crane IFS 6325 Regency Parkway Suite 840 Norcross, GA 30071

October 21, 2024

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

To Whom It May Concern:

Charyl Nielson

It has just recently come to my attention that our accountant mistakenly completed our corporate filing on 6/25/24 as a Florida For Profit corporation. The filing should have been completed as a Foreign Corporation.

On 10/21/24 I filed a Dissolution of Florida For Profit Corporation. Since we started doing business in Florida on 7/1/24, we have paid our sales tax liability payments.

On 9/13/24 I filed a Fictitious Name Registration for our dba which is ServiceMaster by Crane IFS. Will I need to complete this registration again?

Your help with this is very much appreciated.

Regards,

Cheryl Nielsen Senior Director of Business Administration 678-895-1474

COVER LETTER

	~	ation Section of Corpora						
SUBJE	CT: C	Trane Integrat	ed Facilities Serv	ices, Inc.				
	_				n - mus	t include suffix		
Dear Sir	or Mac	lam:						
"Certific	cate of E	Existence," c		f Good Sta	nding" a	and check are sub	ct Business in Florida," omitted to register the	
Please re	eturn all	correspond	ence concerning	this matte	er to the	following:		
Cheryl N	lielsen							
				Name o	f Person			
Crane In	tegrated	Facilities Ser	vices, Inc.					
				Firm/Co	mpany			
6325 Reg	gency Pa	ırkway. Suite	840					
				Add	ress			
Norcross	s. GA 30	0071						
			(City/State	and Zip	code		
cnielsen(@smcrai	neifs.com						
		E	-mail address: (to be used	for futu	re annual report i	notification)	
For furth	ner info	mation con	erning this mat	ter, please	call:			
Cheryl N	lielsen		at	(678) 895	5-1474		
	Name o	of Person		Area Co	de	Daytime Telep	hone 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		
	ake chec	k payable to:	ollowing amour FLORIDA DEP \$78.75 Filing I Certificate of S	ARTMEN	□ \$ 78.7	ATE 5 Filing Fee & fied Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

N 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. Crane Integrated	ted Facilities Services, Inc.								
(Enter name of c "Inc.," "Co.," "C	"COMPANY," "CORPORATIO	DN."							
(If name unavail	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacti	ing business in Florida)						
2 Delaware	3. 3	35-2848153							
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)							
January 31, 202	4 5.								
(Date	of incorporation)	(Date of duration, if other	than perpetual)						
July 1, 2024									
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		lity)						
(325 D D		_, ,							
6325 Regency Pa	irkway, Suite 840, Norcross, GA 30071	e street address)	 						
	(i incipal office	. <u>street</u> address;							
	(Comment and His	address, if different)							
	(Curen maning	address, if different)							
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable) I.	<i>a</i>						
		Box 1.01 acceptable)	S 28						
Name:	Daniel L. Martin	<u> </u>	2024 OCT						
Office Address:	775 Longboat Club Road, Unit 707		(A.S.						
	Longboat Key	, Florida 34228							
	(City)	(Zip code)							
Dogistared age	ent's acceptance:		· · · · · · · · · · · · · · · · · · ·						
	ent's acceptance. ed as registered agent and to accept service	of process for the above state	ed progration at the place						
esignated in this	application, I hereby accept the appointme	nt as registered agent and ağı	ree to act in this capacity.						
	omply with the provisions of all statutes rel with and accept the obligations of my posi		ete performance of my du						
na i um jumnur	man und accept the obligations of my post	uon us regisierea agent.							
	Daniel Holent								
	(Registered agent's sign	nature)							

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]:

. DIRECTORS

]Chairman	Name: Joshua Ussiri	□Chairman	Name: Daniel M. Martin					
□Vice Chairman	Address: 1904 Rosewood Lane	□Vice Chairman	Address: 3560 Rustic Oak Drive					
Director	Woodstock, GA 30189	□Director	Frisco, TX 75033					
President		□President						
□Vice President		■Vice President						
Secretary	□Treasurer	Secretary	□Treasurer					
□Other	Other	Other	Other					
□Chairman	Name: Lewis Marquez	□ Chairman	Name:					
□Vice Chairman	Address: 6325 Regency Parkway	□Vice Chairman	Address:					
□Director	Suite 840	Director						
□President	Norcross, GA 30071	□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	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. Joshua Ussiri, President

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CRANE INTEGRATED FACILITIES SERVICES

INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE

AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR

AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF

OCTOBER, A.D. 2024.



Authentication: 204639536

Date: 10-15-24