

F95000004967

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: CLASSY MAIDS USA, 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", 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:

WILLIAM D. OLDA
(Name of Person)

CLASSY MAIDS USA, INC.
(Firm/Company)

692 JAMESTOWN BLVD #1243
(Address)

ALTAMONTE SPRINGS FL 32714
(City/State/Zip)

W95-18887

300001587798
-09/13/95--01046--011

*****70.00 *****70.00

10-12

Should you need to call someone concerning this matter, please call:

WILLIAM D. OLDA
(Name of Person)

at (407) 862-0498
(Area Code & Daytime Telephone Number)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 12 AM 10:00

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

September 19, 1995

**WILLIAM D. OLDAY
CLASSY MAIDS USA, INC.
692 JAMESTOWN BLVD #1243
ALTAMONTE SPRINGS, FL 32714**

**SUBJECT: CLASSY MAIDS USA, INC.
Ref. Number: W95000018887**

We have received your document for CLASSY MAIDS USA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (904) 487-6094.

Doug Dickinson
Document Specialist

Letter Number: 195A00042990

**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. CLASSY MAIDS U.S.A. INCORPORATED
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. WISCONSIN
(State or country under the law of which it is incorporated)
3. 39-1509291
(FEI number, if applicable)
4. 8-14-84
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. PRIOR ACTIVITIES DID NOT CONSTITUTE THE TRANSACTION OF BUSINESS
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
WITHIN THE MEANING OF 607.1501 FS.
7. _____
- P.O. BOX 160879 - ALTAMONTE SPRINGS, FL 32716-0879
(Current mailing address)
8. FRANCHISE SALES
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: WILLIAM D. OLDAY

Office Address: 692 JAMESTOWN BLVD #1243

ALTAMONTE SPRINGS, Florida, 32714
(Zip Code)

10. 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.

William D. Olday
(Registered agent's signature)

11. 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.

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DIVISION OF CORPORATIONS
95 OCT 12 AM 10:00

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: WILLIAM K. OLDAY

Address: 329 VILLAGE GREEN LANE WEST

MADISON, WI 53704

Vice President: WILLIAM D. OLDAY

Address: 692 JAMESTOWN BLVD #1243

ALTAMONTE SPRINGS, FL 32714

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. William D. Olday
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. WILLIAM D. OLDAY - VICE PRESIDENT
(Typed or printed name and capacity of person signing application)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 12 AM 10:10

United States of America
State of Wisconsin

OFFICE OF THE SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greeting:

I, DOUGLAS LA FOLLETTE, Secretary of State of the State of Wisconsin, do hereby certify that

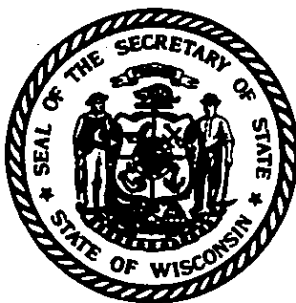
CLASSY MAIDS U.S.A., INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is AUGUST 14, 1984.

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DIVISION OF CORPORATIONS
95 OCT 12 AM 10:10

I further certify that said corporation has, during its most recently completed report year, filed with this office an annual report required by sec. 180.1622, 180.1921, or 181.651 of the Wisconsin Statutes, and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal, at Madison, on OCTOBER 4, 1995.



Douglas La Follette

DOUGLAS LA FOLLETTE
Secretary of State

BY: *Patricia Weber*

The above certificate contains the statements prescribed by the Wisconsin Business Corporation Law for a certificate of status. Under current law, the status of a corporation is not described in terms of "good" or "bad" standing.

