F98000006347

AMERILAWYER® (Requestor's Name) 343 ALMERIA AVENUE CORAL GABLES, FL 33134 – (305) 445-2700 (City, State, Zip) (Phone #) OFFICE USE ONLY

70002690377--6 -11/18/98-01043--002 *****87.50 *****87.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): Enviroclean (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) Certified Copy Walk in Pick up time Certificate of Status Photocopy Will wait Mail out **AMENDMENTS NEW FILINGS** Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Éoreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Examiner's Initials

Other

たりまりませんりんりつり

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. ENVIROCLEAN Systems, INC. (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.) Mississippi
(State or country under the law of which it is incorporated)

3. 64-0796877
(FEI number, if applicable) 4. FEGUARY 20, 199/ 5. Quration: Year corp. will cease to exist or "perpetual" (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 191 HERBERT ST Disposal of Waste And (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) AmeriLawyer Name: Office Address: _ 343_Almeria Avenue Coral Gables, 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. 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.

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

A. DIRECTORS	(Street address only - P.O. Box NOT acceptable)		
Chairman:	GEORGE W Smyth TIT		<u></u>
Address:	7450 N.W. 75+h DR		
	PARKLAND FL 33067	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Vice Chairman:	GEORGE W Smyth JR		
	191 HERBERT Rd		
	LEESVILLE LA 71446		
Director:			
Address:			
			
Director:			
Address:		- 93	DIVS
		<u>8</u>	SION
	(Street address only - P.O. Box NOT acceptable)	18	
President:	GEORGE W Smyth TIL		-
Address:	7450 N.W. 75+L DR	ယ္	F S S
	Parkland FL 33067	မ	
Vice President:	GEORGE W Smyth JR		
Address:	191 HERBERT Rd		
	LEESVILLE LA 71446		
Secretary:	REBA L. Smyth		
Address:	191 HERBERT Rd		
	LEEsville LA 71446	, <u>,</u>	
Treasurer:	<u>-</u>	_	
			-
NOTE: If necess	sary, you may attach an addendum to the application listing additional officers and/or directors.		
	Leave W Smith AT		
13.	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		
14	GEORGE W Smy + L TIL (Typed or printed name and capacity of person signing application)	, 	

State of Mississippi

Secretary of State's Office Eric Clark

Secretary of State Jackson, Mississippi

CERTIFICATE OF EXISTENCE/AUTHORITY

SECRETARY OF STATE DIVISION OF CORPORATIONS

I, ERIC CLARK, Secretary of State of the State of Mississips, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on February 20,1991 the state of Mississippi issued a Charter/Certificate of Authority to:

ENVIROCLEAN SYSTEMS, INC.

That the state of incorporation is MISSISSIPPI.

THAT THE PERIOD OF DURATION IS 99 YEARS.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

A STATE OF STATE OF MISS

Given under my hand and seal of office November 12,1998

ric Clark

ERIC CLARK, Secretary of State

TRANSMITTAL LETTER

_	cation/Tax Lien Section of Corporations	n .		d.	
SUBJECT:	Enviro	LEAN	Systems	INC.	
	(Na	me of corpor	ation - must include suf	fix)	
Dear Sir or Ma	dam:				
"Certificate of			for Authorization to Tra to register the above ref		
Please return al	ll correspondence conce	erning this ma	atter to the following:		
	Janice Scinto	DiRose,	Esq.	-	
		(Nam	e of Person)		VIO.
	AmeriLawyer		-		SECRETAR VISION OF C
		(Firm	(Company)	- <u> </u>	NETV
		8 CS Y			
		(A	ddress)		
	Fort Lauderda	ale, Flori	da 33308	-	မှ ကိုလူ
		(City	/State/Zip)	<u> </u>	-3 TE
Should you nee	ed to call someone conc	erning this m	atter, please call:		.,,
Janice S	cinto DiRose	at (95	4) 630-9800		
(Name	of Person)	(Aı	rea Code & Daytime Tel	lephone Number)	
STREET ADI	DRESS:		MAILING ADDI	RESS:	
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		· .	Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a c	heck for the following a	imount:			
□ \$70.00 Filir		ling Fee & te of Status	☐ \$78.75 Filing Fee Certified Copy		of Status &