

F99000004067

Document Number Only

C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 (850)222-1092
City State Zip Phone

200002941862--9
-07/26/99--01137--021
*****70.00 *****70.00

CORPORATION(S) NAME

Facility Services, Inc

W99-17169

- ☒ Profit
☐ NonProfit
☐ Limited Liability Company
☒ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Limited Liability Partnership
☐ Certified Copy
☐ Call When Ready
☒ Walk In
☐ Mail Out
- ☐ Amendment
☐ Dissolution/Withdrawal
☐ Annual Report
☐ Reservation
☐ Photo Copies
☐ Call if Problem
☐ Will Wait
- ☐ Merger
☐ Mark
☐ Other
☐ Change of R.A.
☐ Fictitious Name
☐ CUS
☐ After 4:30
☒ Pick Up

99 JUL 26 AM 11:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Name
Availability
Document Examiner
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Acknowledgment
W.P. Verifier

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JOEY

7/26/99

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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 26, 1999

CT SYSTEMS
ATTN: JOEY

SUBJECT: FACILITY SERVICES, INC.
Ref. Number: W99000017169

*Walk ID
Pick up
8/9*

*Please back date
Thanks*

d/b/a Facility Services of Kentucky, Inc

We have received your document for FACILITY SERVICES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 899A00038038

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RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned CAROLYN N. Presley, do hereby certify
(Name)

that this Resolution of the Board of Directors of FACILITY SERVICES, INC.

(Corporate Name)

a corporation duly organized and existing under the laws of the State of Kentucky,

was duly adopted on August 2, 19 99.

Be it resolved, that FACILITY SERVICES, INC.

(Corporate Name)

organized and existing in the State of Kentucky, hereby adopts the name

FACILITY SERVICES OF KENTUCKY, INC. for use in Florida.

Dated: Aug 2, 1999

Carolyn N. Presley, Chairman
Signature of either Chairman, Vice Chairman, or any officer

CAROLYN N. PRESLEY, CHAIRMAN
Type or print name

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TALLAHASSEE FLORIDA

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. Facility Services, 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.)

2. Kentucky

(State or country under the law of which it is incorporated)

3. 61-1265365

(FEI number, if applicable)

4. June 10, 1994

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))

7. P. O. Box 4129, Hopkinsville, Kentucky 42241

(Current mailing address)

8. Construction & Interior finishes

(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:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida, 33324

(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

C T Corporation System

Susan J. Meze

(Registered agent's signature) (Officer)

Assistant Secretary

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TALLAHASSEE FLORIDA

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:

A. DIRECTORS

Chairman: Carolyn N. Presley
Address: 1611 S. Main St., Ste. 15
Hopkinsville, KY 42241

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

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TALLAHASSEE FLORIDA

B. OFFICERS

President: Carolyn N. Presley
Address: 1611 S. Main Street, Suite 15
Hopkinsville, Kentucky 42241

Vice President: _____
Address: _____

Secretary: Carolyn N. Presley
Address: 1611 S. Main Street, Suite 15
Hopkinsville, Kentucky 42241

Treasurer: _____

Address: _____

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

13. Carolyn N. Presley, Pres./Sec.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Carolyn N. Presley, President
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA



John Y. Brown III
Secretary of State

Certificate of Existence

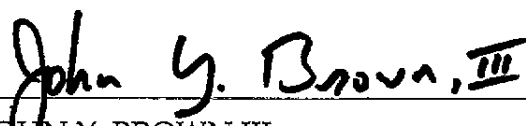
I, JOHN Y. BROWN III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

FACILITY SERVICES, INC.

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is June 10, 1994 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 8th day of July, 1999.


JOHN Y. BROWN III
Secretary of State
Commonwealth of Kentucky
tbates/0331732

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TALLAHASSEE FLORIDA