

ACCOUNT NO. : 072100000032

REFERENCE

331556

700002957287--5

AUTHORIZATION

COST LIMIT

\$ 70.00

ORDER DATE: August 5, 1999

9:49 AM ORDER TIME :

ORDER NO. : 331556-005

CUSTOMER NO: 7190134

CUSTOMER: Mr. Michael Whaley

Mr. Michael Whaley

Apt. F2

670 Green Valley Road Palm Harbor, FL 34683

FOREIGN FILINGS

NAME:

JANITORIAL MANAGEMENT

SERVICES, INC.

XXXX QUALIFICATION (TYPE: CC)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

TRANSMITTAL LETTER

To:

Qualification/Tax Lien Section

Division of Cor	porations		- · · · · ·
SUBJECT: TA	Name of corporat	ESEMENT SERVIC	es, Inc.
	(Name of corporat	ion - must include suffix)	
Dear Sir or Madam:			
	ion by Foreign Corporation for e", and check are submitted to lorida.		
_	ondence concerning this matt	-	
	VICHAEL WHO (Name of NAME) (Firm/C)	ALEY	<u>.</u>
·	(Name	of Person)	
JAN	VITORIAS MANA	SEMENT SERVIC	es Inc
	(Firm/C	(ompany)	· · · · · · · · · · · · · · · · · · ·
P. O.	Box 5468 (Ad eanwater Fo	912 - 112 - 1224 - 179 - H	en e
	(Ad	dress)	
C/8	eanwater F	33758	
	(City/S	tate/Zip)	999 TA
			EG Z
Should you need to call	someone concerning this mat	ter, please call:	
			SSE T
MICHAEL h	SHaley at (72)	7 725-1719	Number)
(Name of Perso	on) (Area	a Code & Daytime Telephon	e Number)
			TE ALDA
STREET ADDRESS:	-	MAILING ADDRESS:	
Qualification/Tax Lien S	ection	Qualification/Tax Lien Se	ction
Division of Corporations		Division of Corporations	
409 E. Gaines St. Tallahassee, FL 32399		P.O. Box 6327 Tallahassee, FL 32314	·
	-	1 ananassee, 115 52514	
Enclosed is a check for	the following amount:		
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

JANITORIAL MANAGEMENT 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.)
navarar possess of partitionary is not be contained in one statute at presently
2. DELAWARE 3. <u>59-347-7232</u>
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03-03-97 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon filma
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. P.O. BOX 5468
7. P.o. Box 5468 Cleanwater, FE 33758 (Current mailing address)
(Current mailing address)
8. Consulting janitorial service, Management of contract— (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
(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)
Name: Corporation Service Company
Name: Corporation service Company
Office Address: 1201 Hays Street
Tallahassee , Florida, 32301 (Zíp code)
(Zíp code)
10. Registered agent's accentance:
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.
Corporation Service Company
(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

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

which it is incorporated.

A. DIREC	TORS (Street address only - P.O. Box NOT acceptable)
Chairman:	
Address: _	· · · · · · · · · · · · · · · · · · ·
_	
Vice Chain	man:
Address: _	
– Director:	Michael Whaley
Address: _	Michael Whaley Apt F2. 670 Green Valley Rd. PalmHarbor, F1 34683
- 	
Address: _	
B. OFFIC	CERS (Street address only - P.O. Box NOT acceptable)
President: .	Michael Whaley Rd Paln Heirbor, Flayed
Address: _	
– Vice Presid	Apt F2 Jent: Michael Whaley
Address:	p70 Green Valley Rd, Palm Herror, Fl 3782
Address	Apt F2 Gree.
Secretary: _	
Address: _	Apt F2 Palley Kd / Holm the bor FL
- Γreasurer:	Michael Whaley
Address: _	670 Green Valley Rd, PAIM HArbor, FL
_	Hpt F2 ' 34613
NOTE: I	f necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. <u>/</u>	MICHAEL WHALEY, MAINUL (Typed or printed name and capacity of person signing application)
	(Typed or printed name and capacity of person signing application)

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JANITORIAL MANAGEMENT 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 TO OFFICE SHOW, AS OF THE TENTH DAY OF AUGUST, A.D. 1999. PAID TO · /93.1847.1901°



Edward J. Freel, Secretary of State

AUTHENTICATION:

9913038

991331013

8300

2723491

DATE:

08-10-99