

F99000005185

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

300003008833--7

-10/07/99--01079--008

****131.25 *****87.50

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. D.A.L.E. SERVICES INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. 299400048743
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00

☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☒ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
99 OCT -7 AM 8:12
99 OCT -7 AM 11:46
RECEIVED

BR
10/7/99

**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. D. A. L. E. SERVICES, INC.

(Name of corporation; the word "INCORPORATED," "COMPANY," or "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. GEORGIA

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

3. 6-23-99

(Date of Incorporation)

4. PERPETUAL

(Duration)

5. _____

(Federal Employer Identification number, if applicable)

6. NONE, EXPECTED NOVEMBER 99

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

7. 4634 HIGHLAND CIRCLE, GAINESVILLE, GA. 30506

(Current mailing address)

8. ELECTRICAL CONTRACTOR

(Corporate purpose and nature of business in which it is engaged in Florida)

9. Names and addresses of officers and or directors:

A. Directors:

Chairman: LISA LA NEVE

Address: 4634 HIGHLAND CIRCLE

GAINESVILLE, GA. 30506

Vice Chairman: DOMINIC LA NEVE

Address: 4634 HIGHLAND CIRCLE

GAINESVILLE, GA. 30506

Director: LISA LA NEVE

Address: 4634 HIGHLAND CIRCLE

GAINESVILLE, GA. 30506

Director: _____

Address: _____

FILED
STATE
CORPORATIONS
DIVISION
OCT - 7 AM 8:12

B. Officers:

President: LISA LANEVE
Address: 4634 HIGHLAND CIRCLE
GAINESVILLE, GA. 30502

Vice President: DOMINIC LANEVE
Address: 4634 HIGHLAND CIRCLE
GAINESVILLE, GA 30502

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: FELIPE R. RUIZ
Office Address: 8390 W. FLAGLER ST #219
MIAMI, Florida 33144
Zip Code

11. 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.

Registered agent's signature: [Signature]

12. 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.

13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. LISA LANEVE
(Name and capacity of person signing application)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT -7 AM 8:12

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : K92420387
CONTROL NUMBER : K926145
DATE INC/AUTH/FILED: 06/23/1999
JURISDICTION : GEORGIA
PRINT DATE : 08/30/1999
FORM NUMBER : 211

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT -7 AM 8:12

LISA LANEVE
D.A.L.E. SERVICES INC.
4634 HIGHLAND CIRCLE
GAINESVILLE, GA 30506

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

D.A.L.E. SERVICES, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox

Cathy Cox
Secretary of State