M12000003756

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | idress) | |
| (Ac | ddress) | |
| (Cir | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| . (Bu | isiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | <u>[-</u> | KOLD |

JUL - 5 2012

EXAMINER

)



300237069943

OIZ JUL -3 PK I

A BOTT OF THE

12 JUL -3 IND: -3



CORPORATION SERVICE COMPANY

| | ~~ | ~- | 73.75 | 370 | |
|---|------|------|--------|-------|--|
| Δ | יזיי | ()I | ידיזאד | NI() | |

ACCOUNT NO. : I2000000195

REFERENCE : 263772

7813103

AUTHORIZATION :

COST LIMIT :

ORDER DATE : July 3, 2012

ORDER TIME : 11:36 AM

ORDER NO. : 263772-005

CUSTOMER NO: 7813103

FOREIGN FILINGS

NAME: PALADIN FACILITY SERVICES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER:

COVER LETTER

| TO: | | ation Section " | Sel. |
|----------|-----------------------------------|---|----------|
| | Division | n of Corporations | ح و |
| SUBJE | ECT: Pal | adin Facility Services, LLC | A THE |
| 50202 | | Name of Limited Liability Company | کرچ و |
| | | oplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certific neck are submitted to register the above referenced foreign limited liability company to transact business in Fl | |
| Please | return all | correspondence concerning this matter to the following: | |
| | _ | Kathryn B. Shipe, Esq. | |
| | | Name of Person | |
| | | Shipe Law, P.C. | |
| | | Firm/Company | |
| | <u>.</u> | 2107 N. Decatur Road, #347 | |
| | | Address | |
| | | Decatur, Georgia 30033 | |
| | • | City/State and Zip Code | |
| | _ | kshipe@franchiselawyerus.com | |
| | | E-mail address: (to be used for future annual report notification) | |
| For furt | ther inform | nation concerning this matter, please call: | |
| | Kathryr | at (404) 788-4220 | |
| | | Name of Person Area Code & Daytime Telephone Number | |
| | Division Registrat P.O. Box | AG ADDRESS: of Corporations ion Section 6327 Clifton Building see, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | |
| | | heck for the following amount: Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HARD BY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

| Ш | MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: |
|------------|---|
| 1. | Paladin Facility Services, LLC |
| | (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") |
| co | name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written ansent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability impany," "L.L.C," "LLC.") |
| _ | Georgia 3. 90-0846790 |
| | (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) |
| 4 | May 21, 2012 5 perpetual |
| ,. | (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") |
| 6. | |
| | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) |
| 7. | 10752 Deerwood Park Blvd. S., Waterview II, Suite 100, Jacksonville, Florida 32256-4846 (Street Address of Principal Office) |
| | 10752 Deerwood Park Blvd. S., Waterview II, Suite 100, Jacksonville, Florida 32256-4846 (Street Address of Principal Office) |
| | (Street Address of Principal Office) |
| 8. | If limited liability company is a manager-managed company, check here |
| 9. | The name and usual business addresses of the managing members or managers are as follows: |
| | Paladin Services Corporation - 2500 Cumberland Parkway SE, Suite 475, Atlanta, GA 30339-3903 |
| | |
| the tra | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a instation of the certificate under eath of the translator must be submitted.) |
| 11 | . Nature of business or purposes to be conducted or promoted in Florida: janitoral and related services |
| | (fefer) / leht |
| | Signature of a member or an authorized representative of a member. |
| | (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the |
| | penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) |
| | Jeffrey B. Aibel, President and CEO of Paladin Services Corporatic |

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is: |
|---|
| Paladin Facility Services, LLC |
| f unavailable, the alternate to be used in the state of Florida is: |
| 2. The name and the Florida street address of the registered agent and office are: |
| Jeffrey B. Aibel |
| (Name) |
| 10752 Decrwood Park Blvd. S., Waterview II, Suite 100 |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) |
| Jacksonville/ FL /32256-4846 City/State/Zip |
| laving been named as registered agent and to accept service of process for the above stated limited ability company at the place designated in this certificate, I hereby accept the appointment as registered gent and agree to act in this capacity. I further agree to comply with the provisions of all statutes elating to the proper and complete performance of my duties, and I am familiar with and accept the bligations of my position as registered agent as provided for in Chapter 608, Florida Statutes. By: (Signature) |

\$ 100.00 Filing Fee for Application

\$ 25.00 \$ 30.00

5.00

Designation of Registered Agent

Certified Copy (optional)

Certificate of Status (optional)

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Drive Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

PALADIN FACILITY SERVICES, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 05/21/2012 in Georgia. 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.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 3rd day of July, 2012

B: Ph

Brian P. Kemp Secretary of State

Certification Number: 9188865-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp