## 2003 FOR PROFIT CORPORATION

FILED	
May 27, 2003 8:00 a	m
Secretary of State	

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DOCUMENT # P02000012791  1. Entity Name GYLAN JANITORIAL SERVICES, INC.							04-28-2003 91447 004 ***158.75							
Principal Place of Business 12708 ROLLING BROAK COURT ORLANDO FL 32837			Mailing Address 12708 ROLLING BROAK COURT ORLANDO FL 32837											
2. Principal Place of Business			3-1400 AGESSX 1354							<b>        </b>	5 750 ft 1 <b>20</b> 01			
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES						
City & State			Ashburn, VA			<u>;                                    </u>		4. FEI Number			<del></del>	Applied For Not Applicable		
Zip		Country	2014	6-135	Cour	"US1	4	5. C	ertificate of Status Desired		B.75 Ad e Require			
	6. Name	and Address of Current F	tagistered A	gent		I		_7N	ame and Address of New R	egistered Ag	ent			
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ORLAND	O FL 32837											7	1	
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	tions of regist		ine purpose	Or Origing its	-ugister	o once c	i iogistate	na aye	in, or both, in the state of hos	IOG. TOTTICAL	midi widi,	and accept		
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SIGNATURE													1	
	Signature, typed	or printed name of registered agent an	d live it applicab	(NOT	E: Registere	d Agent signa	ture required	when rain	nstating)	DATE			}	
F	ILE NOW!	! FEE IS \$150.00						$\neg \neg$					٦	
	_	3 Fee will be \$550.00							9. Election Campaign Finance			May Be	1	
		Fiorida Department of	State					- {	Trust Fund Contribution	ı. U	Adde	d to Fees	1	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other memowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

emature riseviced SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

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Date Daytime Phone #