

F15000004669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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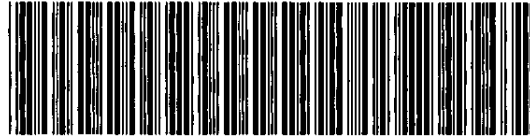
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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J SHIVERS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FACILITY SERVICES MANAGEMENT INC  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

TIM GRAY

Name of Person
FACILITY SERVICES MANAGEMENT INC
Firm/Company
1031 PROGRESS DRIVE
Address
CLARKSVILLE, TN 37040
City/State and Zip code
TGRAY@FACSVCS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIM GRAY	931	552-7044
Name of Person	Area Code	Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 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.*

FACILITY SERVICES MANAGEMENT, INC.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. TN 3. 61-1265365  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/10/2003 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 10/01/2015  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3250 ZEMKE AVE, 6TH MEDICAL SUPPORT SQUADRON, ROOM 1J26, MACDILL AFB, FL 33621  
(Principal office address)

1031 PROGRESS DRIVE, CLARKSVILLE, TN 37040  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

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9. 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.*

Holly Jones  
(Registered agent's signature)  
**Holly Jones  
Assistant Vice President**

10. 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.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: CAROLYN HAMBY

Address: 1031 PROGRESS DRIVE

CLARKSVILLE, TN 37040

Vice President: JILL WORKMAN

Address: 1031 PROGRESS DRIVE

CLARKSVILLE, TN 37040

Secretary: MARTHA PRESLEY

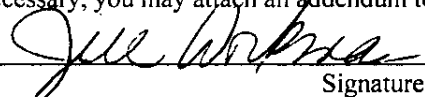
Address: 1031 PROGRESS DRIVE CLARKSVILLE, TN 37040

Treasurer: MICHAEL PRESLEY

Address: 1031 PROGRESS DRIVE CLARKSVILLE, TN 37040

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

12.  \_\_\_\_\_  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. JILL WORKMAN/VP \_\_\_\_\_

(Typed or printed name and capacity of person signing application)



STATE OF TENNESSEE  
Tre Hargett, Secretary of State  
Division of Business Services  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

TIM GRAY  
1031 PROGRESS DRIVE  
CLARKSVILLE, TN 37040

October 14, 2015

Request Type: Certificate of Existence/Authorization  
Request #: 0178158

Issuance Date: 10/14/2015  
Copies Requested: 1

Document Receipt

Receipt #: 002272771 Filing Fee: \$22.25  
Payment-Credit Card - State Payment Center - CC #: 165309377 \$22.25

Regarding: FACILITY SERVICES MANAGEMENT, INC.  
Filing Type: For-profit Corporation - Domestic Control #: 457194  
Formation/Qualification Date: 11/10/2003 Date Formed: 11/10/2003  
Status: Active Formation Locale: TENNESSEE  
Duration Term: Perpetual Inactive Date:  
Business County: MONTGOMERY COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

FACILITY SERVICES MANAGEMENT, INC.

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.



Tre Hargett  
Secretary of State

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