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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

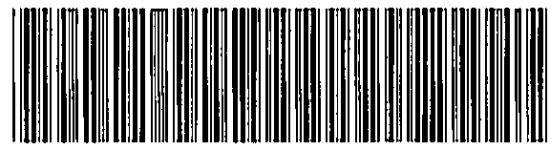
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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TALLAHASSEE STATE  
CORPORATION DIVISION  
TALLAHASSEE, FLORIDA

*TK*  
10/21/21

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CLS CLEANING AND PAINTING SERVICES INCORPORATED  
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:

MARIA MADALENA CALDAS-LOPES

Name of Person

MADE IN BRAZIL SERVICES

Firm/Company

12811 KENWOOD LANE SUITE 208

Address

FORT MYERS, FLORIDA 33907

City/State and Zip code

MADEINBRAZILSERVICES@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA M. CALDAS-LOPES

Name of Person

at ( 239 )

Area Code

810-6079

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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.*

1. CLS CLEANING AND PAINTING SERVICES INCORPORATED  
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A

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

2. MASSACHUSETTS 3. 82-4895964  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/27/2018 5. STILL ACTIVE  
 (Date of incorporation) (Date of duration, if other than perpetual)

6. 10/15/2021  
 (Date first transacted business in Florida, if prior to registration)  
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2351 EAST MALL DRIVE APT.# 403 FORT MYERS, FLORIDA 33901  
 (Principal office street address)

"SAME"  
 (Current mailing address, if different)

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

Name: MADE IN BRAZIL SERVICES

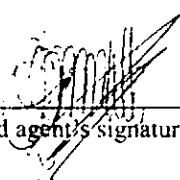
Office Address: 12811 KENWOOD LANE SUITE 208

FORT MYERS, Florida 33907  
 (City) (Zip code)

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 OCT 21 PM 12:17  
 21  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

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.*

  
 \_\_\_\_\_  
 (Registered agent's signature)

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

Chairman Name: DOS SANTOS, LUCIANO  
 Vice Chairman Address: 2351 EAST MALL DRIVE  
 Director APT.# 403  
 President FORT MYERS, FLORIDA 33901  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

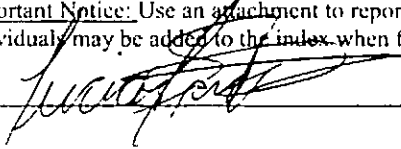
Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

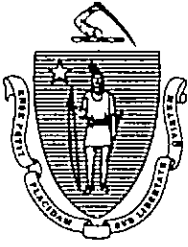
Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. LUCIANO DOS SANTOS  
(Typed or printed name and capacity of person signing application)



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

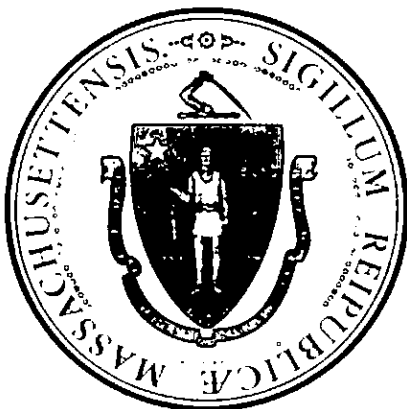
Date: October 07, 2021

To Whom It May Concern :

I hereby certify that according to the records of this office.

**CLS CLEANING AND PAINTING SERVICES INCORPORATED**

is a domestic corporation organized on **March 27, 2018** under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

Certificate Number: 21100172510

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: NMa

# Corporations Division

## Business Entity Summary

ID Number: 001319892

[Request certificate](#)

[New search](#)

Summary for: **CLS CLEANING AND PAINTING SERVICES INCORPORATED**

**The exact name of the Domestic Profit Corporation:** CLS CLEANING AND PAINTING SERVICES INCORPORATED

**Entity type:** Domestic Profit Corporation

**Identification Number:** 001319892

**Date of Organization in Massachusetts:** 03-27-2018

**Last date certain:**

**Current Fiscal Month/Day:** 12/31

**Previous Fiscal Month/Day:** 12/31

**The location of the Principal Office:**

Address: 39 FOREST AVE

City or town, State, Zip code, Country: SAUGUS, MA 01906 USA

**The name and address of the Registered Agent:**

Name: LUCIANO DOS SANTOS

Address: 39 FOREST AVE

City or town, State, Zip code, Country: SAUGUS, MA 01906 USA

**The Officers and Directors of the Corporation:**

Title	Individual Name	Address
PRESIDENT	LUCIANO DOS SANTOS	39 FOREST AVE SAUGUS, MA 01906 USA
TREASURER	LUCIANO DOS SANTOS	39 FOREST AVE SAUGUS, MA 01906 USA
SECRETARY	LUCIANO DOS SANTOS	39 FOREST AVE SAUGUS, MA 01906 USA
DIRECTOR	LUCIANO DOS SANTOS	39 FOREST AVE SAUGUS, MA 01906 USA

**Business entity stock is publicly traded:**

**The total number of shares and the par value, if any, of each class of stock which this business entity is authorized to issue:**

Class of Stock	Par value per share	Total Authorized		Total issued and outstanding	
		No. of shares	Total par value	No. of shares	
CNP	\$ 0.00	500	\$ 0.00	500	

**Consent**

**Confidential Data**

**Merger Allowed**

**Manufacturing**

**View filings for this business entity:**

- ALL FILINGS
- Administrative Dissolution
- Annual Report
- Application For Revival
- Articles of Amendment

[View filings](#)

**Comments or notes associated with this business entity:**

[New search](#)