#### Florida Department of State **Division of Corporations**

**Electronic Filing Cover Sheet** 

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(((H14000113700 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

e of submission 5/13

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

### Foreign Limited Liability Company Eclipse Advantage, LLC

Certificate of Status	0
Certified Copy	0
Page Count	086
Estimated Charge	\$902.50

Electronic Filing Menu

Corporate Filing Menu

Help

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

BJECT: Eclipse Advantage, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

· · · · · · · · · · · · · · · · · · ·
Robert J Miggins
Name of Person
Everclear Cleaning Solutions, LLC
Firm/Company
7370 Cabot Court, Suite 101
Address
Melbourne, FL 32940
City/State and Zip Code
bob.miggins@eclipseadvantage.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert J Miggins

.321

250-6394

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327

Tallahassee, FL 32314

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

850-817-8381

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May 14, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: ECLIPSE ADVANTAGE, LLC

REF: W14000030621

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II FAX Aud. #: H14000113700 Letter Number: 614A00010408

RECEIVED
14 MAY 14 PM 4: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

\*RE-SUBMIT\*
Please relational filing
date of submission <u>sla</u>

P.O BOX 6327 - Tallahassee, Florida 32314

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate nar Liability Company," "L.L.C," or "LLC.")	ne must include "Limited
2. Delaware 3. 45-5549172	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicat company is organized)	ole)
4. 1 November 2012	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 7370 Cabot Court, Suite 101	26 2
Melbourne, FL 32940	3
(Street Address of Principal Office)  6. 7370 Cabot Court, Suite 101	SS 13
Melbourne, FL 32940	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to ma	nage is/are:
Eclipse Advantage Holdings, LLC- Member	
7370 Cabot Court, Suite 101, Melbourne, FL - 32940	•
7370 Cabot Court, Suite 101, Melbourne, FL - 32940	· · · · · · · · · · · · · · · · · · ·
8. Attached is an original certificate of existence, no more than 90 days old, duly authentihaving custody of records in the jurisdiction under the law of which it is organized. (A placeptable. If the certificate is in a foreign language, a translation of the certificate under must be submitted)	notocopy is not
8. Attached is an original certificate of existence, no more than 90 days old, duly authentihaving custody of records in the jurisdiction under the law of which it is organized. (A placeptable. If the certificate is in a foreign language, a translation of the certificate under	notocopy is not oath of the translator  - that the facus stated herein are true. 1

Typed or printed name of signee

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Eclipse Advantage, LL	• •	
If unavailable, the alternate to be used i	n the state of Florida is:	
2. The name and the Florida street add	ress of the registered agent and office are:	
CT Corporation System		2014 SEC
	(Name)	□ <del>  □                                  </del>
1200 South F	Pine Island Road	FILE MASSES
Florida Stree	et Address (P.O. Box NOT ACCEPTABLE)	
Plantation	<sub>FL</sub> 33324	CORD
	City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ECLIPSE ADVANTAGE, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5157823 8300

140536519

DATE: 04-29-14

You may varify this cortificate online