# F16000005519

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
· <del></del>				
<u> </u>				
Special Instructions to Filing Officer:				
W16-78953				
WIL- 18400				

Office Use Only



000292326000

11/21/16--01025--004 \*\*78.75

12/14/16--01010--001 \*\*650.00

K. SALY DEC 1 4 2016



November 23, 2016

MINORU KOGURE 1816 W 135TH ST. GARDENA, CA 90249

SUBJECT: U.S. JACLEAN, INC. Ref. Number: W16000078953

We have received your document for U.S. JACLEAN, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

There is a balance due of \$650.00.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 916A00025192

### **COVER LETTER**

TO: Registration Section Division of Corporations				
U.S. JACLEAN, INC SUBJECT:				
	of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign C "Certificate of Existence," or "Certifica above referenced foreign corporation to	te of Good Stan	ding" and check are sub		
Please return all correspondence concer MINORU KOGURE	ning this matter	to the following:		
	Name of F	Person		
CORPORATION				
1816 W. 135TH ST	Firm/Com	pany		
GARDENA, CA 90249	Addre	SS		
vtavira@usjaclean.com	City/State ar	nd Zip code	···	
E-mail addre	ss: (to be used f	or future annual report r	notification)	
For further information concerning this	matter, please c	all:		
Veronica Tavira	310 _ at (	538-2298 Ext 121		
Name of Person	Area Code	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following ar	nount:			
□ \$70.00 Filing Fee		\$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. U.S. JACLEAN, INC (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," \*Co.," "Corp," "Inc," "Co," ar "Corp.") U.SJACLEAN, INC III name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (FEI number, if applicable) JULY 21, 1982 (Date of incorporation) (Date of duration, if other than perpetual) JANUARY ISL 2015 (Date first transacted business in Florida, if prior to registration) (SUP SUCTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1816 W. 135TH ST GARDENA, CA 90249 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) MITCH VALUES Name: 4333 SILVER STAR RD UNIT# 130 Office Address: ORLANDO Florida (City) 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.

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:	2016 DEC 13 PH G. 5
A. DIRECTORS  MINORU KOGURE	JEC 13 PM
Chairman:	FALLAHASSEE, FLORIDA
Address:	TATASSEE STATE
1816 W. 135TH ST GARDENA, CA 90249	SURION.
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President:	
10 PALOS VERDES LN, ROLLING HILLS ESTATES, CA 90274 Address:	
Vice President:	
Address:	·
KINUKO KOGURE Secretary:	
10 PALOS VERDES LN, ROLLING HILLS ESTATES, CA 90274  Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing add	litional officers and/or directors.
12	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 about	ove) affirms that the facts stated herein
are true and that he or she is aware that false information submitted in a document at third degree felony as provided for in s.817.155, F.S.	nt to the Department of State constitutes
MINORU KOGURE/PRESIDENT	

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

## State of California Secretary of State

CERTIFICATE OF STATUS



#### ENTITY NAME:

U.S. JACLEAN, INC.

FILE NUMBER: FORMATION DATE:

C1153474 07/21/1982

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 02, 2016.

ALEX PADILLA Secretary of State