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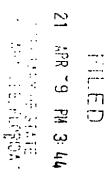
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COVER LETTER .

_	sistration Section ision of Corporations			
SUBJECT	BRITE WHITE CLEANING SERVICE INC.			
SUBJECT		of corporation -	must include suffix	
Dear Sir or	Madam:			
"Certificate	d "Application by Foreign Co of Existence," or "Certificate enced foreign corporation to t	of Good Standi	ng" and check are submi	
Please retur	n all correspondence concern	ing this matter to	the following:	
KEIAETTIA	YE ROMAN			
		Name of Po	erson	
BRITE WHI	TE CLEANING SERVICE INC			
		Firm/Compa	nny	
123 Hau	ithome Ave			
		Address	S	
KENMORE.	NY 14223			
		City/State and	l Zip code	
britewhite.cl	eaningservice@gmail.com			
	E-mail addres	s: (to be used for	future annual report not	ification)
For further	information concerning this r	natter, please cal	I:	
KEIAETTIA	AYE ROMAN	716 at (622-4000	
Na	me of Person		Daytime Telepho	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is Please make \$70.00 F	a check for the following am check payable to: FLORIDA D Filing Fee	EPARTMENT (ng Fee &	OF STATE \$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.

(Enter name of co	CLEANING SERVICE INC orporation; must include "INCORPORATED," ' orp," "Inc," "Co," or "Corp.")	'COMPANY," "CORPORATI	ON,"
BRITE WHITE	CLEANING SERVICE FLORIDA		
(If name unavaila	ible in Florida, enter alternate corporate name ad-	opted for the purpose of transac	ting business in Florida)
NEW YORK	3. 86	2071995	
(State or countr	y under the law of which it is incorporated)	(FEI number, if	applicable)
FEBRUARY 20	21 5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration)	sility)
122 HAWTHODS	•	z, r.s., to determine penaity had	mity)
123 HAW I HORI	N AVE, KENMORE, NY 14223 (Principal office	etropt address)	
	(i incipal office	sireer address)	
	(Current mailing	address, if different)	· · · · · · · · · · · · · · · · · · ·
	(Current manning)	address, it differenty	
Name and stree	et address of Florida registered agent: (P.O. 1	Box NOT acceptable)	
	TERRANCE HARRIS	<u></u> ,	N
Name:			2 × 33 2 × 12 × 35 ×
ffice Address:	12502 TRAIL BLAZER LOOP APT 101		AP T
	ТАМРА	Florida 33625-2510	° 6.
	(City)	, Florida 33625-2510 (Zip code)	53 골 O
			- ဦးျမှ
	ent's acceptance: ed as registered agent and to accept service	of process for the above sta	ted cornoration at the place
esignated in this	application, I hereby accept the appointme	nt as registered agent and aş	gree to act in this capacity.
67	omply with the provisions of all statutes rele with and accept the obligations of my posit		lete performance of my du
ia i am jamiliar	with and accept the obligations of my posi-	un us regisierea agent.	
~	Ilranel Horas		
_	(Registered agent's sign		

under the law of which it is incorporated.

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

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS Name: __ □ Chairman Name: _____ Chairman 123 HAWTHORN AVE ☐ Vice Chairman Address: ☐ Vice Chairman Address: KENMORE, NY 14223 □ Director □ Director ☐ President President □Vice President □ Vice President □Treasurer ☐ Treasurer ☐ Secretary □ Secretary □Other _____ Other □Other _____ □Other _____ □ Chairman Name: _____ □ Chairman Name: ______ □Vice Chairman Address: ☐ Vice Chairman Address: □ Director □ Director □President □ President □Vice President _____ □Vice President □ Secretary □ Treasurer □ Secretary □Treasurer □Other _____ □Other □Other ____ Other ____ Name: □ Chairman □Chairman Name: □Vice Chairman Address: ☐ Vice Chairman Address: □ Director □ Director □ President □President □Vice President □ Vice President □Treasurer □ Secretary ☐ Treasurer □ Secretary □Other _____ □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. 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.

KEIAETTIAYE S ROMAN - PRESIDENT

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of BRITE WHITE CLEANING SERVICE INC. was filed on 02/16/2021, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 01st day of April two thousand and twenty-one.

Braden C Hydra

Brendan C Hughes
Executive Deputy Secretary of State