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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DOMINIUM CONSULTING SERVICES, LLC

Account Number : I20210000039 Phone : (407)374-2329 Fax Number : (407)412-5926

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

Email Address:______

SCURE NAME OF STATE ALLAHASSEE. FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION KRYSTAL CLEANING SERVICE PRO CORP

Certificate of Status	1
Certified Copy	0
Page Count	01
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X. SALY

COVER LETTER

Divis	tration Section ion of Corporations			
SHRJECT:	KRYSTAL CLEANING SE	ERVICE PRO COI	RP	
30D0D0T.	Name	of corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign C f Existence," or "Certificat ced foreign corporation to	e of Good Stand	uthorization to Transact Business in Florida," ing" and check are submitted to register the in Florida.	
Please return	all correspondence concern	ning this matter t	o the following:	
CLEITON CA	RDOSO			
		Name of P	erson	
DOMINIUM (CONSULTING SERVICES I	LLC		
		Firm/Comp	any	
6965 PIAZZA	GRANDE AVE STE 206			
	<u></u>	Addres	S	
ORLANDO F	1. 32835			
		City/State and	d Zip code	
SERVICES@	DOMINIUMCS.COM			
	E-mail addre	ss: (to be used fo	r future annual report notification)	
For further in	formation concerning this	matter, please ca	II:	
CAMILA		407	374-2329	
Nam	e of Person	Area Code	Daytime Telephone Number	
Regis Divis The C 2415	EET/COURIER ADDRE stration Section tion of Corporations Centre of Tallahassee N. Monroe Street, Suite 8 hassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following an neck payable to: FLORIDA I ing Fee	DEPARTMENT (ing Fee &	OF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Statu Certified Copy	

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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.

PATRICIA DE	SOUZA CORP			
(If name unavaila	ible in Florida, enter alternate corporate name ad-	opted for the purpose of transacting business in Florida)		
Massachusetts		83-3110380		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
01-10-2019	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
07/13/2021				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502)	2, F.S., to determine penalty liability)		
6965 PIAZZA GI	RANDE AVE - STE 206, ORLANDO - FL 328			
	(Principal office			
6965 PIAZZA G	RANDE AVE - STE 206, ORLANDO - FL 32	835		
. Name and <u>stree</u> Name:	(Current mailing et address of Florida registered agent: (P.O. PATRICIA DE SOUZA	Box NOT acceptable) Florida 32835		
Office Address:	6965 PIAZZA GRANDE AVE - STE 206	——————————————————————————————————————		
mice Address.		22027		
Tince Address.	ORLANDO	, 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.

Patricia de Soura	
(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.

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A. DIRECTORS					
□Chairman	Name: PATRICIA DE SOUZA	□Chairman	Name:	DO DE SOUZA	
□Vice Chairman	Address:	□Vice Chairman	6965 PIAZZA GRANDE STE 206		
□Director	STE 206	□Director			
President	ORLANDO, FL - 32835	□President	ORLANDO, F	L - 32835	
□Vice President		■ Vice President			
☐Secretary	Treasurer	□Secretary		□Treasurer	
□Other	□Other	⊡Other		□Other	
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President	<u></u>		
□Vice President		□Vice President	<u></u>		
□Secretary	Treasurer	□Secretary		□Treasurer =	
Other	Other	□Other		□Other	
□Chairma n	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director		Director			
□President		□President			
□Vice President		□Vice President			
□Secretary	Treasurer	□ Secretary		☐Treasurer	
□Other	Other	Uther		□Other	
individuals may b	Use an attachment to report more than six (6). The attale added to the index when filing your Florida Departments	ent of State Annual R	leport form.		
12. <u>Facrac</u>	ia de Souza Signature of Director of	or Officer			
The officer or dire she is aware that s.817.155, F.S.	ector signing this document (and who is listed in number false information submitted in a document to the Depart	er 11 above) affirms t iment of State constit	hat the facts state tutes a third degre	d herein are true and that he or the felony as provided for in	

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

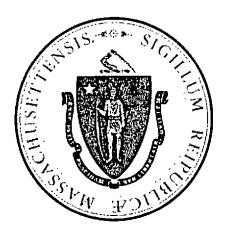
Date: May 19, 2021

To Whom It May Concern:

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

KRYSTAL CLEANING SERVICE PRO CORP

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.

Secretary of the Commonwealth

Min Travis Galicin

Certificate Number: 21050452830

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

Processed by: bod