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### **COVER LETTER**

то:	<b>ΓO:</b> Registration Section Division of Corporations				
SUBJI	FCT∙	CLEANLIGHT INC.			
5050		Name o	f corporation -	must include suffix	
Dear Si	ir or M	adam:			
"Certif	icate o	"Application by Foreign Configuration or "Certificate ced foreign corporation to tra	of Good Standi	ng" and check are submitt	usiness in Florida." ed to register the
Please	return	all correspondence concernit	ng this matter to	the following:	
Paola C	Cardena				
			Name of Pe	erson	
Tax Ca	re Orlai	ndo			
			Firm/Compa	any	
12701 5	S John	Young Pkwy, Suite 216		_	
			Address	3	
Orlande	o, Flori	da. 32837			
			City/State and	Zip code	
taxcare	orlando	@aol.com			
		E-mail address	(to be used for	future annual report notif	ication)
For fur	ther in	formation concerning this ma	atter, please cal	l:	
Paola C	Cardena	S	at ( 321		
	Nam	e of Person	Area Code	Daytime Telephon	e Number
	Regis Divis The C 2415	EET/COURIER ADDRESS tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 massee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL	on orations
Please	make cl	check for the following amo leck payable to: FLORIDA DE ling Fee	PARTMENT ( g Fee & □		\$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.

	ble in Florida, enter alternate corporate name add		
DELAWARE, U	aWARE, USA  e or country under the law of which it is incorporated)  3. 35-2698132  (FEI number, if applicable)		
09-20-2020	of incorporation) 5		
(Date	of incorporation)	(Date of duration, if other	r than perpetual)
		Control of the standard	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) !, F.S., to determine penalty liab	ility)
16192 COASTAL	HIGHWAY, LEWES, COUNTY OF SUSSEX.		
	(Principal office	street address)	
25 SW 9Th ST, S	SUITE 401, MIAMI, FLORIDA, 33130		<b>3</b> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	(Current mailing	address, if different)	2 0
			0CT 28 P
Name and stree	t address of Florida registered agent: (P.O.)	Box NOT acceptable)	28 PM
Name:	TAX CARE ORLANDO	_	
	12701 S JOHN YOUNG PKWY, STE 216		1 2: 44 5:16 7 ( bidb
ffica Address:	ORLANDO	32837	
ffice Address:	ONLANDO	. Florida	
ffice Address:	ORLANDO (City)	(Zip code)	

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.

(Registered agent's signature)

#### ■ A. DIRECTORS JORDAN BUTLER Name: \_\_\_\_\_ □ Chairman Name: \_\_ Chairman 🖥 Address: 1300 S MIAMI AVE. □ Vice Chairman Address: \_\_\_\_\_\_ ☐ Vice Chairman UNIT 3311 □Director □Director MIAMI, FLORIDA, 33130 □ President □President □ Vice President □ Vice President ☐Treasurer □ Secretary Treasurer □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_ Name: \_\_\_\_\_\_ Name: \_\_\_\_\_ □Chairman □ Chairman □ Vice Chairman Address: \_\_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_ □ Director □Director □President □ President ☐ Vice President ☐Vice President ☐ ☐ Treasurer □ Secretary □Treasurer ☐ Secretary □Other \_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_\_ □Chairman Name: \_\_\_\_\_ □ Chairman □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. 12. Oordan Butler Senature of Director or Officer The officer or director signing this document (and who is fisted 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. CEO & FOUNDER

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CLEANLIGHT INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FOURTEENTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLEANLIGHT INC."

WAS INCORPORATED ON THE TWENTIETH DAY OF OCTOBER, A.D. 2020.

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



Jeffrey W. Bullock, Secretary of State

Authentication: 204629814