F24000000843

(Re	questor's Name)	
(110	questor s riame)	
(Ad	dress)	
(, ,=	·	
(Ad	dress)	<u> </u>
(J. 333,	
(Cit	y/State/Zip/Phone	e #)
(21)	,,	,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





000422634260

01/38/24--01015--001 **70.00



COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	SXSA CLEANING SE	ERVICES CORP	ORATION	
Songici.	Name	of corporation - mus	st include suffix	_
Dear Sir or M	1adam:			
"Certificate of	"Application by Foreign Co of Existence," or "Certificate need foreign corporation to t	of Good Standing"	and check are subr	
Please return	all correspondence concern	ing this matter to the	following:	
NATALIA	FRAGOZO			
		Name of Person	n	
SXSA CL	EANING SERVICES C	ORPORATION		
		Firm/Company		
P.O BOX	656			
		Address	·	
HEBRON	KY 41048			
		City/State and Zip	n code	
NATALIA	FRAGOZO07@GMAIL.			
	E-mail address	s: (to be used for fut	ure annual report n	otification)
For further in	formation concerning this n	natter, please call:		
		at ()		
Nam	ne of Person	Area Code	Daytime Teleph	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 32303		ection orporations		
	check for the following ame heck payable to: FLORIDA D ling Fee \$78.75 Filir Certificate	EPARTMENT OF S ag Fee & S78.	TATE 75 Filing Fee & tified Copy	S87.50 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.

	ANING SERVICES CORPORATION rporation: must include "INCORPORATED," "C	COMPANY," "CORPORATION		
	rp," "Inc." "Co." or "Corp.")			
(If name unavaila	ble in Florida, enter alternate corporate name adop	oted for the purpose of transactin	g business in Florida)	
OHIO	3	99-0633206		
	under the law of which it is incorporated)	(FEI number, if ap	plicable)	
01/10/2024	55			
	- 			
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502.	orida, if prior to registration) F.S., to determine penalty liabili	ty)	
	NGBEAUTY LANE CINCINNATI, OH		•	
	(Principal office s			
P.O BOX 656	6 HEBRON KY 41048			
	(Current mailing ac	ldress, if different)		
			3 2	
Name and street	address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	1 1 2	
Name:	Northwest Registered Agent LLC	_	1 5	
ffice Address:	7901 4th St N STE 300		1024 JAN 26	
	St. Petersburg	, Florida(Zip code)		
	(City)	(Zip code)	#1 2: 3: SEC. Fu	
. Registered age	nt's accentance:		က ့် ယ္က	
laving been name	ed as registered agent and to accept service of			
	application, I hereby accept the appointment omply with the provisions of all statutes relat			
	with and accept the obligations of my position		e perjormance of my an	
-/	Topler Norm			
	(Registered agent's signa	ture)		

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

A. DIRECTORS						
□Chairman	Name:NATALIA FRAGOZO	Chairman	Name:			
□Vice Chairman	Address: P.O BOX 656	□Vice Chairman	Address:	-		
Director	HEBRON KY 41048	Director				
⊠ President		President				
□Nice President		■Vice President				
■ Secretary	☐ Freasurer	Secretary		☐ Freasurer		
Other	Dather	Other		Other		
□ Chairman	Name:	□ Chairman		· · · · · · · · · · · · · · · · · · ·		
☐Wice Chairman	Address:	□Vice Chairman	Address:			
Director		Director				
□President		President				
☐Vice President		☐Vice President				
■Secretary	Treasurer	Secretary		☐ l'reasurer		
Other		Diher		Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director		Director				
President		□President				
☐Vice President		□Vice President				
□ Secretary	Treasurer	Secretary		Treasurer		
Other	()ther	ther		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. NATALIA FRAGOZO 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.						
	FRAGOZO	T/4/20 2				

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show SXSA CLEANING SERVICES CORPORATION, an Ohio corporation, Charter No. 5164336, having its principal location in Cincinnati, County of Hamilton, was incorporated on January 10, 2024 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 10th day of January, A.D. 2024.

Ohio Secretary of State

Validation Number: 202401002002