

M150000 10311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

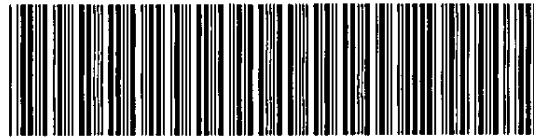
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED

DEPARTMENT OF STATE
OFFICE OF THE CLERK

15 DEC 22 PM 1:39

NOT ATTACHED
TO ACKNOWLEDGE
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2015 DEC 22 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 29 2015

J. HARRIS

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12-28-15

NAME: AMERICLEAN OF PBC, LLC

TYPE OF FILING: FOREIGN QUALIFICATION

COST: ~~130.00~~

\$125

RETURN: ~~GOODSTANDING~~

Plain Copy

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 23, 2015

FLORIDA FILING & SEARCH SERVICES
ABBIE HODGE

SUBJECT: AMERICLEAN, LLC
Ref. Number: W15000082047

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2015 DEC 22 AM 10:10
TALLAHASSEE FLORIDA
STATE DEPT OF STATE

We have received your document for AMERICLEAN, LLC and your check(s) totalling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is P07000101196.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 215A00026861

*Retain
Original
file date*

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BOX 6327 -Tallahassee, Florida 32314

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DEPARTMENT OF STATE
15 DEC 28 PM 12:11
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SUFFICIENCY OF FILING

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. AmeriClean, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
AmeriClean of PCB, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Tennessee
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 81-0763535
(FEI number, if applicable)
4. January 1, 2016
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 11726 Kingston Pike
Knoxville, TN 37934
(Street Address of Principal Office)
6. 11726 Kingston Pike
Knoxville, TN 37934
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Registered Agents Legal Services, LLC
Office Address: 155 Office Plaza Drive, Suite A
Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

MICHAEL W. ASHLEY
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Richard K. Zachary, Sole Member and President

11726 Kingston Pike

Knoxville, TN 37934

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Norman G. Templeton
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Norman G. Templeton

Typed or printed name of signer

FILED
2016 DEC 22 AM 10:10
STATE OF FLORIDA
TALLAHASSEE



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

NORMAN G. TEMPLETON
14TH FLOOR
900 S. GAY STREET
KNOXVILLE, TN 37902

December 21, 2015

Request Type: Certificate of Existence/Authorization
Request #: 0188511

Issuance Date: 12/21/2015
Copies Requested: 1

Document Receipt

Receipt #: 002354099

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3659872315

\$20.00

Regarding: AmeriClean, LLC

Filing Type: Limited Liability Company - Domestic

Control #: 823885

Formation/Qualification Date: 12/04/2015

Date Formed: 12/04/2015

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: KNOX COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

AmeriClean, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 015354127