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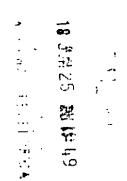
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:		NG SERVICES LLC				
SUBJECT		Name of I	Limited Liability (Company		
The enclose Existence, a	d "Application by Fo	reign Limited Liability Comp ed to register the above refere	pany for Authoriza enced foreign limit	tion to Tra ed liability	nsact Business in Florida," Ce company to transact business	rtificate of in Florida.
Please retur	n all correspondence	concerning this matter to the	following:			
	ELZA MOREI	RA DE ALMEIDA				
		N	ame of Person			
	ELZA'S CLEA	NING SERVICE LLC				
		Fi	irm/Company			
	2309 BALLAF	RD COVE RD				
			Address			
	KISSIMMEE,	FLORIDA 34758				
		City/S	tate and Zip Code			
	LAHYSM@YA	НОО.СОМ				
		E-mail address: (to be use	d for future annual	report not	ification)	
For further	information concerning	ng this matter, please call:				
ЕІ	.SA MOREIRA DE A	ALMEIDA	203 at (943936	2	
_	Name	of Contact Person	Area Code	Day	time Telephone Number	
Di Re P.0	AILING ADDRESS vision of Corporation gistration Section D. Box 6327 Ilahassee, FL 32314			Division Registrat Clifton B 2661 Exc	ADDRESS: of Corporations ion Section uilding centive Center Circle see, FL 32301	
	a check for the follow \$125.00 Filing Fee	ving amount: S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filit Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certi of Status & Certified Copy	ficate

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 COMPLIANCE BUSINESS IN THE STATE OF FLORIDA:

(Name of Poreign	Limited Liability Company: must include "Limite	d Liability Comp	pany," "L.L.C.," or "LLC.")	
l'name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida. The alternate	name must include "Limited Liab	othty Company," "L.L.C," or "LLC,")
CONNECTICUT		3. 46-5	028477	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FÉI numb	er, if applicable)
·				 _
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	ine penalty liability		
2309 BALLARD COV		6. <u>2309</u>	BALLARD COVE R	
(Street Address of)	Principal Office)	E1 0	(Mailing Addr	ress)
FLORIDA, 34758		FLO	RIDA, 34758	
				The second second
				CD (
. Name and street address	ss of Florida registered agent: (P.O. Box	NOT accept	table)	
	ELZA MOREIRA DE ALMEIDA			
Name:	EEZA WOREIKA DE AEWEIDA		_	
Office Address:	2309 BALLARD COVE RD		_	5 9
	KISSIMMEE, FLORIDA			, ►
	(City)	 	, Florida <u>34758</u> (Zip code	
laving been named as re esignated in this applica o comply with the provis	otance: egistered agent and to accept service of tion, I hereby accept the appointment of tions of all statutes relative to the proper	is registered o	igent and agree to act	in this capacity. I further a
laving been named as re lesignated in this applica o comply with the provis	egistered agent and to accept service of accept service of accept the appointment accept the appointment accept so full statutes relative to the property of my position as registered agent.	is registered of and complete	igent and agree to act	in this capacity. I further a
laving been named as re esignated in this applica o comply with the provis	egistered agent and to accept service of ution, I hereby accept the appointment a ions of all statutes relative to the proper	is registered of and complete	igent and agree to act	in this capacity. I further a
laving been named as resignated in this applicate occupily with the provisind accept the obligation	egistered agent and to accept service of accept service of accept the appointment accept the appointment accept so full statutes relative to the property of my position as registered agent.	as registered of and completed in an and completed in signature.	agent and agree to act to performance of my o	in this capacity. I further a
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laving been named as re esignated in this applica o comply with the provise and accept the obligation 3. The name, title or cap	registered agent and to accept service of attion, I hereby accept the appointment attions of all statutes relative to the properties of my position as registered agent. (Registered agent's active and address of the person(s) who head and Address: ELZA MOREIRA	as registered of and complete signature. as/have autho	rity to manage is/are:	in this capacity. I further a duties, and I am familiar wi
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laving been named as resignated in this applicate of the provision of accept the obligation. 3. The name, title or caparity: PRESIDENT VP (Use attachments if necestarisdiction under the law).	egistered agent and to accept service of attion, I hereby accept the appointment attions of all statutes relative to the property of my position as registered agent. (Registered agent's actity and address of the person(s) who have and Address: ELZA MOREIRA 2309 BALLARD COVE RD KISSIMMEE FL 34758 LAHYS MOREIRA 2309 BALLARD COVE RD KISSIMMEE, FL 34758 ssary) e of existence, no more than 90 days old, of which it is organized. (If the certifica	as registered of and complete of and complete of as signature. as/have autho Title of the o	rity to manage is/are:	in this capacity. I further a duties, and I am familiar wi
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Having been named as resignated in this applicate occumply with the provision accept the obligation. B. The name, title or caparity: PRESIDENT VP (Use attachments if necessary in the translator must be seen to the translator must be seen.) O. This document is executed.	egistered agent and to accept service of ation. I hereby accept the appointment ations of all statutes relative to the proper is of my position as registered agent. (Registered agent's acity and address of the person(s) who hame and Address: ELZA MOREIRA 2309 BALLARD COVE RD KISSIMMEE FL 34758 LAHYS MOREIRA 2309 BALLARD COVE RD KISSIMMEE, FL 34758 ssary) e of existence, no more than 90 days old, of which it is organized. (If the certifical submitted)	as registered of and complete and complete as signature. as/have authorities of the complete as as a signature. as/have authorities of the complete as a signature.	rity to manage is/are: r Capacity: icated by the official haign language, a translat	in this capacity. I further aduties, and I am familiar w Name and Address: aving custody of records in the ion of the certificate under one of the certificate

Typed or printed name of signee

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that articles of organization for

ELZA'S CLEANING SERVICE, LLC

a domestic limited liability company, were filed in this office on March 14, 2014.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

in Menk

Date Issued: May 29, 2018

Business ID: 1136612 Express Certificate Number: 2018245721001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov

Date of this notice: 03-07-2014

Employer Identification Number: 45-5028477

Form: 5S-4

Number of this notice: CP 575 B

ELZAS CLEANING SERVICES ELZA M DEALMEIDA MBR 78 VENICE AVE WATERBURY, CT 06708

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-5028477. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIM. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2015

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Centain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 3832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.