111800000 7819

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





400316137514

08/20/18--01036--008 **160.00

2010 AUG 20 PH 2: 4.9

C ERUCE AUG 25 2018

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The en Exister	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of nee, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning this matter to the following:
	Jelis Gisselle ARias Rimentel Name of Person
	Alls Gisell Ario Pinastel
	13305 Glacier national DR APT 6206 Address
	ORlando H. 37837 City/State and Zip Code
	City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)
For fur	rther information concerning this matter, please call:
	Scis Gisselle ARIAS at 407 4011497 Name of Contact Person Area Code Daytime Telephone Numbers Area Code Daytime Telephone Numbers
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclos	sed is a check for the following amount: \$\Begin{array}{c ccccccccccccccccccccccccccccccccccc

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

	NON 605.0902, FLOKIDA STATUTES, THE ISINESS INTHE STATE OF FLORIDA:	E POLLOWING IS SOBWITTED TO REGISTE	RATORION LIMITID CADILLE
1. (Name of Foreign	Limited Liability Company; must include "Lin	mited Liability Company," "L.L.C.," or "LI.C.")	
2 MASSachu	ame adopted for the purpose of transacting business in	n Florida. The alternate name must include "Limited Liab 3. \[\frac{\frac{3}}{3} - \frac{133}{6} \frac{8}{12} \] (FEI number)	ility Company," "L.L.C," or "LLC.") (2) cr, if applicable)
4	(Date first transacted business in Florida, if pric (See sections 605.0904 & 605.0905, F.S. to de R MATIONAL DR Trincipal Office) Al 3 Z S 3	6. 13305 6 WC (Mailing Address & 32837	en Molional Description
7. Name and street addres Name: Office Address:	s of Florida registered agent: (P.O. F SCIS GISSELE 13305 GLOCIER NO GLOCIER NO	Box NOT acceptable) A-way Liberal DR API 620 Florida 3285	P 37_
designated in this applica to comply with the provisi and accept the obligations	gistered agent and to accept service tion, I hereby accept the appointment ions of all statutes relative to the pro s of my position as registered agent. (Registered agent)	of process for the above stated limited int as registered agent and agree to act oper and complete performance of my confessional states authority to manage is/are:	in this capacity. I further agree
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
(Use attachments if neces	sary)		
9. Attached is a certificate jurisdiction under the law of the translator must be st	of which it is organized. (If the certif	old, duly authenticated by the official ha icate is in a foreign language, a translat	ving custody of records in the ion of the certificate under oath
10. This document is exec submitted in a document to	o the Department of State constitutes	203 (1) (b), Florida Statutes. I am awar a third degree felony as provided for in Lature of an authorized person	e that any false information s.817.155, F.S.
	Jelis 6	ped or printed name of signee	hinauge)



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

Date: July 27, 2018

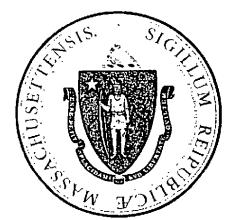
To Whom It May Concern:

I hereby certify that a certificate of organization of Limited Liability Company was filed in this office by

B & J CLEANING LLC

in accordance with the provisions of Massachusetts General Laws, Chapter 156C, on July 24, 2018.

I further certify that said Limited Liability Company has not filed a Certificate of Cancellation; that said Limited Liability Company has not been administratively dissolved; and that, so far as appears of record, said Limited Liability Company has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

William Travin Galetin

Certificate Number: 18070491240

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