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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SE CLEAN LAUNDRY KS, L.L.C.
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, 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:

SCOTT STACKHOUSE

Name of Person

STACKHOUSE ENTERPRISES, INC.

Firm/Company

1705 VALLEY HIGH DRIVE

Address

CEDAR FALLS, IOWA 50613

City/State and Zip Code

SCOTT@STACKHOUSELIVE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT STACKHOUSE

319

230-8400

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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STATE
TALLAHASSEE, FLORIDA

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. SE CLEAN LAUNDRY KS, L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. IOWA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-1893751
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1359 E. VINE STREET
(Street Address of Principal Office)

6. 1705 VALLEY HIGH DRIVE
(Mailing Address)

KISSIMMEE, FL 34744

CEDAR FALLS, IA 50613

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.


(Registered agent's signature)

Denny Verdecchia
Assistant Secretary

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TALLAHASSEE, FLORIDA

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

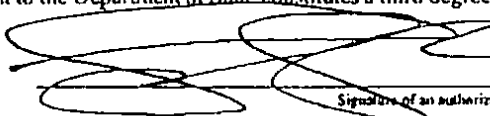
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: SCOTT STACKHOUSE	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1705 VALLEY HIGH DRIVE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	CEDAR FALLS, IA 50613	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____

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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.

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)

10. 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.



Signature of an authorized person
SCOTT STACKHOUSE

Typed or printed name of signer

IOWA SECRETARY OF STATE
PAUL D. PATE



CERTIFICATE OF EXISTENCE

Issue Date: 4/12/2019

Name: SE CLEAN LAUNDRY KS, L.L.C. (489DLC - 595908)

Date of Incorporation: 3/7/2019

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

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TALLAHASSEE, FLORIDA

Certificate ID: CS166508

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

A handwritten signature of Paul D. Pate in black ink.
Paul D. Pate, Iowa Secretary of State

[Back to Dashboard \(/\)](#)

Iowa Secretary of State

321 East 12th Street

Des Moines, IA 50319

sos.iowa.gov

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Date:

3/7/2019 09:42 AM

Corp No:

595908

Cert No:

FT0020176



Certificate of Organization - LLC

Information

CODE 489 DOMESTIC LIMITED LIABILITY COMPANY

Chapter

SE Clean Laundry KS, L.L.C.

Entity Name

3/7/2019 9:30:00 AM

Effective Date and Time

Perpetual

Expiration Date

Certificate of Organization.pdf (/Uploads/Filings/20190307/877723c5-1fb4-4cb6-81c6-d8bd2ac205ba.pdf)

Upload your Certificate of Organization in PDF

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TALLAHASSEE, FLORIDA

Registered Agent and Registered Office Address

Scott Stackhouse

Full Name

1705 Valley High Dr.

Address1

Address2

Cedar Falls

City

IA

State

50613

Zip

USA

Country

Principal office

1359 E. Vine St.
Address 1

Address 2

Kissimmee
City

FL
State

34744
Zip

USA
Country

Signature(s)

Scott Stackhouse
Organizer

3/7/2019 9:41:32 AM
Date

Questions:

Email: ftf@sos.iowa.gov (mailto:help@sos.iowa.gov)
Phone: 1-888-767-8683 (tel:1-888-767-8683)

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