M19000005428

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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B KINSEY

JUN 04 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2019

ANN BLESS MARTINEZ
79 STUYVESANT AVENUE, 2ND FLOOR
KEARNY, NJ 07032

SUBJECT: TROPICAL CLEANING SERVICES LLC
Ref. Number: W19000039344

We have received your document for TROPICAL CLEANING SERVICES LLC and your check(s) totaling $160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 519A00009828

RECEIVED
JUN 03 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2019

ANN BLESS MARTINEZ
79 STUYVESANT AVENUE, 2ND FLOOR
KEARNY, NJ 07032

SUBJECT: TROPICAL CLEANING SERVICES LLC
Ref. Number: W19000039344

We have received your document for TROPICAL CLEANING SERVICES LLC and your check(s) totaling $160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 919A00008083

RECEIVED
MAY 14 2019

# COVER LETTER

**TO: Registration Section**
**Division of Corporations**

**SUBJECT:** Tropical Cleaning Services LLC
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:

Ann Bless Martinez
Name of Person

Tropical Cleaning Services LLC
Firm/Company

79 Stuyvesant Ave 2nd Floor
Address

Kearny, NJ 07032
City/State and Zip Code

annmartinezbless@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ann Bless Martinez at (201) 844-5117
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

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. Tropical Cleaning Services Limited Liability Company
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Kardinal Kleaning Services 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. New Jersey
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 462-702-418
(FEI number, if applicable)

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

5. 79 Stuyvesant Ave 2nd Floor
Kearny, NJ 07032
(Street Address of Principal Office)

6. 79 Stuyvesant Ave. 2nd Floor
Kearny, NJ 07032
(Mailing Address)

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

Name: Miluska Cornejo

Office Address: 2602 San Simeon Way

Kissimmee, Florida 34741
(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.***

x _____
(Registered agent's signature)

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]:

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|---|---|---|---|
| ☐ Manager | Name: Ann Bless Martinez | ☐ Manager | Name: |
| ☐ Member | Address: 79 Stuyvesant Ave 2nd Floor | ☐ Member | Address: |
| ☐ Authorized | Kearny, NJ 07032 | ☐ Authorized | |
| Person | | Person | |
| ■ Other President | ☐ Other | ☐ Other | ☐ Other |
| ☐ Manager | Name: Jose L Martinez | ☐ Manager | Name: |
| ☐ Member | Address: 79 Stuyvesant Ave 2nd Floor | ☐ Member | Address: |
| ☐ Authorized | Kearny, NJ 07032 | ☐ Authorized | |
| Person | | Person | |
| ■ Other Vice-President | ☐ Other | ☐ Other | ☐ Other |
| ☐ Manager | Name: Luis Angel Martinez | ☐ Manager | Name: |
| ■ Member | Address: 79 Stuyvesant Ave 2nd Floor | ☐ Member | Address: |
| ☐ Authorized | Kearny, NJ 07032 | ☐ Authorized | |
| Person | | Person | |
| ☐ Other | ☐ Other | ☐ Other | ☐ 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.

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.

Ann Bless Martinez

Signature of an authorized person

Ann Bless Martinez

*STATE OF NEW JERSEY*
*DEPARTMENT OF THE TREASURY*
*DIVISION OF REVENUE AND ENTERPRISE SERVICES*
*SHORT FORM STANDING*

***TROPICAL CLEANING SERVICES LIMITED LIABILITY COMPANY***
*0400571331*

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on May 06, 2013.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

*ANN E. BLESS MARTINEZ*
*79 STUYVESANT AVE*
*2ND FLOOR*
*KEARNY, NJ 07032*

*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 3rd day of May, 2019*

*Elizabeth Maher Muoio*
*State Treasurer*

*Certificate Number : 6097133964*

*Verify this certificate online at*

*https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp*