

MI9000005428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

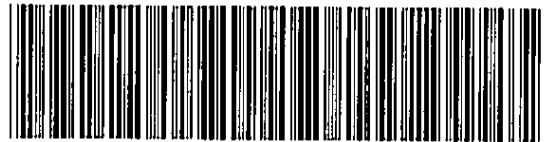
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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

anmartinezbless@yahoo.com

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

For further information concerning this matter, please call:

Ann Bless Martinez

201

844-5117

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

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," "LLC," or "L.L.C.")

Kardinal Kleaning Services L.L.C

(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 462-702-418
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI 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
(Street Address of Principal Office)

6. 79 Stuyvesant Ave. 2nd Floor
(Mailing Address)

Kearny, NJ 07032

Kearny, NJ 07032

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

Name: Miluska Cornejo

Office Address: 2602 San Simeon Way

Kissimmee 34741
(City) Florida (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.

Miluska Cornejo
(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:

☐ Manager Name: Ann Bless Martinez

☐ Member Address: 79 Stuyvesant Ave 2nd Floor

☐ Authorized Kearny, NJ 07032

Person _____

☒ Other President ☐ Other _____

☐ Manager Name: Jose L Martinez

☐ Member Address: 79 Stuyvesant Ave 2nd Floor

☐ Authorized Kearny, NJ 07032

Person _____

☒ Other Vice-President ☐ Other _____

☐ Manager Name: Luis Angel Martinez

☒ Member Address: 79 Stuyvesant Ave 2nd Floor

☐ Authorized Kearny, NJ 07032

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

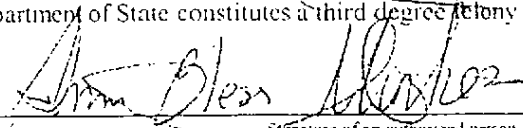
Person _____

☐ 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.



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**

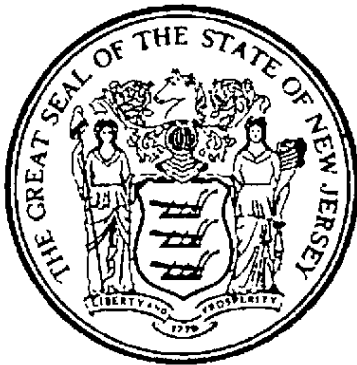
TROPICAL CLEANING SERVICES LIMITED LIABILITY COMPANY
0400571331

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