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## COVER LETTER

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TO: Registration Section		<b>*</b>	<b>}-</b>	
Division of Corporations				
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	Aning LL Climited Liability Cor	npany		
The enclosed "Application by Foreign Limited Liability Con	anana Can Angharda	n to Tenningt Dool	la con la Elazida " i	Camillania a
Existence, and check are submitted to register the above refe				
Please return all correspondence concerning this matter to the	e following:			
John	Matne.	<del>/</del>		
	ollab Clas	eaning l	_LC	
58 Hen	derson 1.			
	Address	¥-\-^		
South 8	Imme Pald	, o H	43103	
City	State and Zip Code	100	(3)	
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<u>Um collabCleam</u> E-mail address: (to be us	ed for future annual re	port notification)		201
For further information concerning this matter, please call:				2019 AUS 23 PH 4:
10000000	1.143	602-17	120	323
Name of Contact Person	at ( <b>b ( )</b> ) . Area Code	Daytime Telep	phone Number	PE
MAILING ADDRESS:	<u>s</u> :	TREET ADDRES	<u>ss:</u> 1	<u>-</u>
Division of Corporations Registration Section		ovision of Corpora egistration Section		23
P.O. Box 6327	C	lifton Building		
Tallahassee, FL 32314		661 Executive Cen allahassee, FL 323		
Enclosed is a check for the following amount:				
Please make check payable to: FLORIDA DEPAR	/			
S125.00 Filing Fee S130.00 Filing Fee Certificate of S			\$160,00 Filing F	
Certificate of S	tatus Certified	Coby	of Status & Certi	пса Сору

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

(Name of Foreign Limited Liability Company; must include "Lydie	LLC	
(Name of Foreign Limited Liability Company; must include "Lighte	ed Liabdity Company," "L.L.C.," or "LLC.")	
t name unavailable, enter alternate name adopted for the purpose of transacting business in Flo	orda. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC	.")
(Jurisdiction under the law of which foreign limited hability company is organized)	3. 83-3866934 (Et.I number, it applicable)	
(Date first transacted business in Florida, if prior to	registration )	
(See sections (405,09)) 4 & (405, 0905, F.S. to determ	une penalty liability)	
58 Henderson Ln. (Street Address of Principal Office)	6. 58 Henderson Ln.	
South Bloomfield 10H	South Blamfeld, 04	
43/03	<u> 43[03</u>	
. Name and <u>street address</u> of Florida registered agent: (P.O. Box	NOT acceptable)	N
Name: Courtne, wat	± <u>S</u>	. + 4 1 1 1 1 1 1 1 1
Office Address: 13906 Snowy Pla	over Ln.	1,40
Riverview	. Florida 33579	
egistered agent's acceptance: laving been named as registered agent and to accept service of pesignated in this application, I hereby accept the appointment a comply with the provisions of all statutes relative to the proper and accept the obligations of my position as registered agent.	is registered agent and agree to act in this capacity. I furthe	er agi
Cowline Wat	<del>/</del> ^	

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: Name: Courtner Wortts Name: Jazmine Matne Manager Manager Address: 13906 Snowy Place Ln. Member Member South Bloomfield, OH Authorized Authorized 43103 Person Person Other\_\_\_ Other\_\_ Other\_ Other\_\_\_\_\_ Manager Name: Name: \_\_\_\_\_ Manager | Member Address: \_\_\_\_\_ Member Address: Authorized Authorized Person Person Other\_\_\_ Other\_\_ Other\_ Other\_\_\_ Manager Name: \_\_\_\_\_\_ Manager | ■Member Address: \_\_\_\_\_ ☐ Member Authorized Authorized Person Person Other\_\_\_ Other\_\_\_\_ "∐Othe<u>≧'</u> Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show JM COLLAB CLEANING LLC, an Ohio For Profit Limited Liability Company, Registration Number 4298263, was organized within the State of Ohio on February 25, 2019, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 18th day of August, A.D. 2019.

1 flore

**Ohio Secretary of State** 

Validation Number: 201923000282