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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803

Phone Fax Number

: (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please: **

Emai				

Foreign Limited Liability Company Top Quality Janitorial Services, LLC

Certificate of Status	0
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

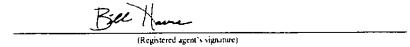
IN COMPLANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Top Quality Jar	nitorial Services, LLC	ed Liability Company," "	'L.L.C.,'' or "[Ĵ.C.'')		
S .		,			
	me adopted for the purpose of transacting business in Fle	wida. The alternate name mu	ist include "Limited Liability Co	inpany," "L.L.C,"	or "LLC."]
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)			
	(Date first transacted business in Florida, if prior to	o registration.)			
5112 Pegasus	(See sections 605,0904 & 605,0905, F.S. to determ Court, Suite G	une penalty limbility) 5112 P	egasus Court,	Suite G	
(Street Address of P	rincipal Office)		(Mailing Address)		
Frederick I	MD 21704	 Fred	erick MD 2	21704	
Name and street addres	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)		2020	
Name:	Registered Agent	ts Inc.			
Office Address:	7901 4th St N ST	E 300	*** **** ***		i Ti
	St. Petersburg	FI	33702	े सु. क	
	(City)	.110	(Zip code)	_	

Registered agent's acceptance:

ni,

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.



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: John Giles Name: _____ Manager 7901 4th St N STE 300 Member Member Address: _____ St. Petersburg, FL 33702 Authorized Authorized Person Person Other____ Other____ Other_ Other Name: ______ ■ Manager Manager Member Address: Member Address: _____ Authorized Authorized Person Person Other_____ Other____ Other Other_ Name: _____ Manager ■ Manager Name: Member Address: Member Address: _____ Authorized Authorized Person Person Other____ Other _____ 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. Riley Park

Typed or printed name of signed

STATE OF MARYLAND Department of Assessments and Taxation

I. MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES. OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT TOP QUALITY JANITORIAL SERVICES, LLC (W12531810), REGISTERED MAY 15, 2008, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 19, 2020.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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