

M 20000 00 8035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2020 SEP 11 PM 2:39

2020 SEP 14 PM 12:44

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SB/  
9/16/20

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO:** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dps.myflorida.com  
850-245-6051

**FROM:** Melissa Stops  
mstops@incserv.com  
850.656.7953

**REQUEST DATE:** 9/11/2020

**PRIORITY:** Routine

**OUR REF # (Order ID#):** 850950

**ORDER ENTITY:**  
KLEEN TECH SERVICES, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**KLEEN TECH SERVICES, LLC (FL)**

File the attached foreign qualification document and provide a certified copy and certificate of status as evidence.

**NOTES:**

\$160.00 Authorized

Email address for annual report reminders: RPOLAK@WALTERHAV.COM

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

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Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.



7100 Broadway, Suite 6-1 Phone: 866 385 0672  
Denver, CO 80221 Fax: 866 621-1871

September 11, 2020

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

***Consent for Use of Similar Name – Kleen Tech Services Corporation***

To whom it may concern:

Kleen Tech Services Corporation, a Foreign Profit Corporation with the Document Number F13000003999, gives its permission to Kleen Tech Services, LLC, a Delaware limited liability company, to use the name "Kleen Tech Services, LLC" as a Foreign Profit Limited Liability Company in Florida. Please contact the undersigned with any questions. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "James Vaughan".

James Vaughan  
Chief Executive Officer

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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. KLEEN TECH SERVICES, LLC  
(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. DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-1173256  
(FEI number, if applicable)

4. SEPTEMBER 18, 2020  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, P.S., to determine penalty liability)

5. 7100 BROADWAY, SUITE 6L  
(Street Address of Principal Office)

6. 7100 BROADWAY, SUITE 6L  
(Mailing Address)

DENVER, CO 80221

DENVER, CO 80221

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

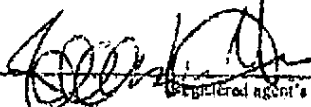
Name: UNIVERSAL REGISTERED AGENTS, INC.

Office Address: 1317 CALIFORNIA STREET

TALLAHASSEE, Florida 32304  
(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.

 ASST VP  
(Registered agent's signature)

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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]:

**Title or Capacity:** **Name and Address:**

☐ Manager Name: JAMES VAUGHAN

☐ Member Address: \_\_\_\_\_

☒ Authorized 7100 BROADWAY, SUITE 6L

Person DENVER, CO 80221

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Concierge Building Services, LLC

☐ Member Address: \_\_\_\_\_

☐ Authorized 7100 BROADWAY, SUITE 6L

Person DENVER, CO 80221

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ 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.

DocuSigned by:

James Vaughan

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Signature of an authorized person

James Vaughan III, Chief Executive Officer

Typed or printed name of signer

# Delaware

The First State

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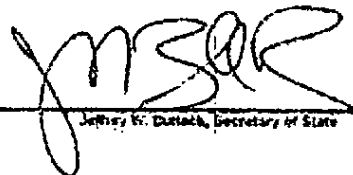
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KLEEN TECH SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KLEEN TECH SERVICES, LLC" WAS FORMED ON THE TWELFTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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Jeffrey W. Bullock, Secretary of State

7321311 8300

SR# 20207229189

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203639905

Date: 09-11-20