

M 2 0000000 8662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

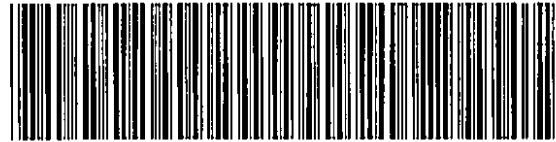
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600351881476

09/14/20--01026--019 **130.00

2020 SEP 14 PM 2:13

US
10/4/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Jay 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:

Matt Greenwood

Name of Person

Blue Jay Cleaning Services LLC.

Firm/Company

8668 Navarre PKWY Suite 363

Address

Navarre, FL 32566

City/State and Zip Code

matt@bluejaycleaning.com

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

2018 SEP 14 PM 2:15

For further information concerning this matter, please call:

Matt Greenwood at (918) 508-8794
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Blue Jay Cleaning 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. State of Oklahoma (Jurisdiction under the law of which foreign limited liability company is organized)
3. 81-3429818 (FEI number, if applicable)

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

5. 8668 Navarre PKWY suite 363 (Street Address of Principal Office)
6. 8668 Navarre PKWY suite 363 (Mailing Address)
Navarre, FL 32566
Navarre, FL 32566

2018 SEP 14 PM 2:15

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

Name: Matt Greenwood
Office Address: 8668 Navarre PKWY suite 363
Navarre, Florida 32566
(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.

(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]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Matt Greenwood	_____	<input checked="" type="checkbox"/> Manager	Name:	Britt Greenwood	_____
<input type="checkbox"/> Member	Address:	8668 Navarre PKWY Suite 363	_____	<input type="checkbox"/> Member	Address:	8668 Navarre PKWY Suite 363	_____
<input type="checkbox"/> Authorized Person		Navarre, FL 32566	_____	<input type="checkbox"/> Authorized Person		Navarre, FL 32566	_____
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Manager	Name:	_____	_____	<input type="checkbox"/> Manager	Name:	_____	_____
<input type="checkbox"/> Member	Address:	_____	_____	<input type="checkbox"/> Member	Address:	_____	_____
<input type="checkbox"/> Authorized Person		_____	_____	<input type="checkbox"/> Authorized Person		_____	_____
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Manager	Name:	_____	_____	<input type="checkbox"/> Manager	Name:	_____	_____
<input type="checkbox"/> Member	Address:	_____	_____	<input type="checkbox"/> Member	Address:	_____	_____
<input type="checkbox"/> Authorized Person		_____	_____	<input type="checkbox"/> Authorized Person		_____	_____
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____		<input type="checkbox"/> 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

Matthew E greenwood

Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING
DOMESTIC LIMITED LIABILITY COMPANY**

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that BLUE JAY CLEANING SERVICES LLC whose registered agent is BRITT RACHELLE GREENWOOD, with its registered office at 782 W 147TH PL. S. GLENPOOL, 74033 74033 USA Oklahoma is a Domestic Limited Liability Company duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I herewith set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 31st, day of August, 2020.

Secretary Of State