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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FACTORY CLETTONING & QUANTITY BY JON DON, LCC. 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:
SALLY MURRHY Name of Person
Name of Person
FHOTORY CLEANING EQUIPMENT BY JUNGON, LCC
, in a company
1578 A BEVERCY CT
Address
HUBORA, 12 6050Z City/State and Zip Code
L. M. E) + be superier. CAM
Sally 6) + he sweeper. Com Fimal address: (to be used for future annual report notification)
For further information concerning this matter, please call:
10 m 20 m 20 m 20 1 230 - 2400
Name of Contact Person Area Code Daytime Telephone Number
Mailing Address: Street Address:
Registration Section Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee FL 32314 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314 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 S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

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

XXMPANYTOTRANSACT BUS	ION 605.0902, FLORIDA STATUTES, THE FO INESS INTHE STATE OF FLORIDA:			LIMITED) LIABILITY
(Name of Foreign L.	imited Liability Company: must include Limited	d Liability Company, "LLC.," or "LLC.")			-
f name unavailable, enter alternate na	me adopted for the purpose of transacting business in Fl	ornia. The alternate name must include "Limited Lia	hility Company," "	L_L.C." us "	·LLC.")
DEZEWAR	ich foreign limited lability company is organized)	3. 84-47/444	er, if applicable)		_
(•	,			
12/1/2	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ				
-	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) since penalty liability)			
	ILELY CT	6. 1578 A Te Vt Ed	CY CT		_
Street Address of Principal Office)	- -	(Similar Address)			
AURORA, 16	100502	AURORA IL	605	<u>02</u>	_
			:	1 2	
					_
7. Name and street addres	s of Florida registered agent: (P.O. Bo	x NOT acceptable)		रेक्ट १५३	
				ÇĎ	ine
Name:	RICHARD SCHOTT				
Office Address	3919 AIRFARK	DRIVE # 1-3	•	(0 (7) (9)	
Office Address.				133	
	LAKELAIN (City)	, Florida <u>3387.</u> (Zip code)	/ _		
Dualistanial event's access					
Registered agent's acception the same agent's acception to the same agent's acception and acceptance agent's acceptance agent age	raistered agent and to accept service of ution, I hereby accept the appointment	f process for the above stated limited	liability com	pany at ity. I fu	the place
to comply with the provis	ions of all statutes relative to the prope	er and complete performance of my	duties, and I	am fami	iliar with
and accept the obligation	s of my position as registered agent.				
	Rick.	Schott (* signature)			
	(Keitseen allein	a a angemente to			

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: ROBERT GROSSKOPF Name: KICK SCHOTT □ Manager □Manager Address: 15784 BEVERLY CT Address: 1578 A BEVERLY CT ☐ Member ☐ Member AUKORA, 16 60502 AURORA 16 6050Z ☑ Authorized Authorized Person Person □Other_____ Other__ Other____ □Other__ Name: ______ ☐ Manager □Manager Address: ☐ Member Address: _____ □ Member Authorized Authorized Person Person □ Other _____ Other_ ☐ Other_____ Other___ Name: ______ Name: □Manager ☐ Manager Address: Address: _____ □Member □Member ☐ 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. Rick Schott Rick Schott

Typed or printed name of signee

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FACTORY CLEANING EQUIPMENT BY JONDON,

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 NINTH DAY OF DECEMBER, A.D. 2020.

eat core delaware gov/au

Authentication: 204270445

Date: 12-09-20



State of Belaware

SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 898 DOVER, DELAWARE 19903

8454578
FACTORY CLEANING EQUIPMENT BY JORDON LLC
1578 BEVERLY CT
SUITE A
AURORA, IL 60502

12-09-2020

ATTN: SALLY MURRAY

DESCRIPTION		AMOUNT
7834691 - FACTORY CLEANING EQUIPMENT BY JONDON,	LLC	
Entity Status - Short Form		
	Certification Fee	\$50.00
	Expedite Fee, Same Day	\$50.00
	TOTAL CHARGES	\$100.00
	TOTAL PAYMENTS	\$100.00
	BALANCE	\$0.00