# 111000005360

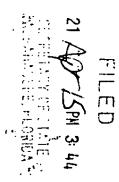
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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#### **COVER LETTER**

то:	Registration Section Division of Corporations					
SUBJE		DINGS CLEANING SOURCE	ELLC			
SODJE	CT:	Name of Lim	ited Liability	Company		
The encl Existence	losed "Application by Foreite, and check are submitted	ign Limited Liability Company to register the above reference	y for Authoriz ed foreign lim	cation to Transac lited liability con	t Business in Florida," npany to transact busin	Certificate of tess in Florida.
Please re	eturn all correspondence co	ncerning this matter to the foll	lowing:			
	LOVETTE DOB	SON				
	<del></del>	Name	of Person			
		Firm	Company			
Firm/Company 17350 STATE HWY 249 #220						
	HOUSTON, TX	77064		_		
		City/State	and Zip Code	e		
	EFILE1234@INC	FILE.COM				
		E-mail address: (to be used fo	r future annua	al report notifica	tion)	
For furth	ner information concerning	this matter, please call:				
	LOVETTE DOBSON	а	l t(	888-462-34:	53	
	Name of	Contact Person	Area Code	e Daytime	Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET AD Division of Co Registration S Clifton Buildi 2661 Executiv Tallahassee, F	orporations lection ng ve Center Circle	
	Enclosed is a check for the Please make check payable	e following amount: e to: FLORIDA DEPARTMI	ENT OF STA	ATE		
	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00	0 Filing Fee & fied Copy	\$160.00 Filing to of Status & Cert	

### 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:

The day of the contract of	name adopted for the purpose of transacting business in Flori	da. The alternate name must include "Limite	d Liability Company," "L.L.C." or	
INDIANA		85-320126 3		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, if applicable)		
·	(Data first transacted business in Florida if prior to n	existration )		
	(Date first transacted business in Florida, if prior to n (See sections 605.0904 & 605.0905, F.S. to determin	e penalty liability)		
4444 CRITTENDEN A	AVE, APT 1107	4444 CRITTENDEN AVE, APT 1107 6		
(Street Address of	Principal Office)	6(Mailing Address)		
INDIANAPOLIS , INI	DIANA 46205	INDIANAPOLIS , INDIANA 46205		
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	. 21	
Name:	BERTHA RATTARY		\$	
Office Address:	LIOII HARTS RD APT 1107	<u></u>	<b>3</b>	
	JACKSONVILLE	32218 , Florida	3 <del>3</del> <del>4</del> €	
	(City)			

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: Name and Address: Title or Capacity: Title or Capacity: Name: BERTHA RATTARY Manager Name: ■ Manager Address: \_\_ Address: ■ Member Authorized Authorized JACKSONVILLE, FLORIDA 32218 Person Person Other\_\_\_\_ Other\_\_\_\_\_ Other Other\_ ■ Manager Manager Name: Address: \_\_\_\_\_ ☐ Member Member Address: Authorized Authorized Person Person Other \_\_\_\_\_ Other\_\_\_\_\_ Other\_\_\_ Other Name: \_\_\_\_\_\_ Name: \_\_\_\_\_ Manager [ Manager Member Address: \_\_\_\_\_ Member Address: \_\_\_\_\_\_ Authorized Authorized Person Person Other\_ 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. BERTHA RATTARY

Typed or printed name of signee

## State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

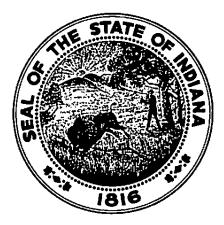
I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

#### CLEAN SURROUNDINGS CLEANING SOURCE LLC

duly filed the requisite documents to commence business activities under the laws) of the State of Indiana on September 14, 2020, and was in existence or authorized to transact business in the State of Indiana on April 12, 2021.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 12, 2021

eli Sullina

HOLLI SULLIVAN
SECRETARY OF STATE

202009141422509 / 20211961156

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on May 12, 2021.