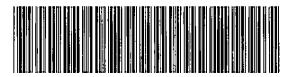
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| Certified Copies | _ Certificates o | or Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | ;vy | | | | |
|--|--|---|--|--|--|--|
| SURIF | LISS Cleaning LLC | | | | | |
| SUBJECT: Name of Limited Liability Company | | | | | | |
| | | Company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida. | | | | |
| Please a | return all correspondence concerning this matter to | the following: | | | | |
| | Mikeith Campbell | | | | | |
| | | Name of Person | | | | |
| | LISS Cleaning LLC | | | | | |
| | | Firm/Company | | | | |
| | 5368 Dahlia Reserve Drive | | | | | |
| Address | | | | | | |
| Kissimmee/Florida 34758 | | | | | | |
| City/State and Zip Code | | | | | | |
| | lisscleaning@gmail.com | | | | | |
| | E-mail address: (to be | used for future annual report notification) | | | | |
| For furt | ther information concerning this matter, please call | : | | | | |
| | Mikeith Campbell | 513 800-5632 at () | | | | |
| | Name of Contact Person | Area Code Daytime Telephone Number | | | | |
| Mailing Address: | | Street Address: | | | | |
| Registration Section | | Registration Section | | | | |
| Division of Corporations P.O. Box 6327 | | Division of Corporations The Centre of Tallahassee | | | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 | | | | |
| | Tananassee, TE SEST | Tallahassee, FL 32303 | | | | |
| | Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPA \$125.00 Filing Fee Certificate of | & 🛘 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificate | | | | |



June 29, 2021

MIKEITH CAMPBELL 5368 DAHLIA RESERVE DR KISSIMMEE, FL 34758

SUBJECT: LISS CLEANING LLC Ref. Number: W21000093866

We have received your document for LISS CLEANING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 621A00014848

RECEIVED

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:

| | name adopted for the purpose of transacting business in I | norida inc | | tomy Company, L.L.C. O | r Lts |
|--|--|-----------------------|--|---|---------|
| riginal Jurisdiction Ol | | 3. | 81-1435153 | r, if applicable) | _ |
| turisdiction under the law of w | which foreign limited liability company is organized) | | (Fisi numbe | er, if applicable i | |
| No transacted business | s. | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ | registration | L) liability) | <u></u> | |
| 368 Dahlia Reserve o | drive | | Same as office | | |
| Address of Principal Office) | | 0. | (Mailing Address) | | _ |
| Cissimmee Florida 34 | 758 | | | | |
| | | | | | |
| | | | | | |
| ame and street address Name: | ss of Florida registered agent: (P.O. Bo: Mikeith Campbell | x <u>NOT</u> : | acceptable) | 21 | |
| | | x <u>NOT</u> : | acceptable) | 21 JUL 4 | |
| Name: | Mikeith Campbell | x <u>NOT</u> : | acceptable) 34758 | 21 JUL 14 P | |
| Name: | Mikeith Campbell 5368 Dahlia Reserve Drive | x <u>NOT</u> : | | 21 JUL ¹ PM E PROTEST OF ST EA TABLESTEE FLO | |
| Name: Office Address: | Mikeith Campbell 5368 Dahlia Reserve Drive Kissimmee | x <u>NOT</u> : | 34758 Florida | TATE ORIE | |
| Name: Office Address: stered agent's accep | Mikeith Campbell 5368 Dahlia Reserve Drive Kissimmee (City) | | 34758 Florida(Zip code) | TATE CRID. | TI CIND |
| Name: Office Address: istered agent's accepting been named as re | Mikeith Campbell 5368 Dahlia Reserve Drive Kissimmee | process is registe | 34758 Florida (Zip code) for the above stated limited livered agent and agree to act in | iability Company at the this capacity. I fut | rther |

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: | | | | | |
|--|------------------------------------|--------------------|------------------------------------|--|--|--|--|--|
| □Manager | Name: Mikeith Campbell | ■Manager | Name: Zipporah Campbell | | | | | |
| Member | Address: 5368 Dahlia Reserve drive | □Member | Address: 5368 Dahlia Reserve Drive | | | | | |
| □Authorized | Kissimmee Florida 34758 | □Authorized | Kissimmee Florida 34758 | | | | | |
| Person | | Person | | | | | | |
| □Other | Other | □Other | Other | | | | | |
| □Manager | Name: | □Manager | Name: | | | | | |
| □Member | Address: | □Member | Address: | | | | | |
| □Authorized | | □Authorized | | | | | | |
| Person | | Person | | | | | | |
| □Other | □Other | □Other | Other | | | | | |
| □Manager | Name: | □Manager | Name: | | | | | |
| □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. 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. | | | | | | | | |
| submittee in a document to the Department of State constitutes a unit degree letony as provided for in \$.817:155. F.S. | | | | | | | | |
| Mikeath Campbell //// | | | | | | | | |
| Mikeith Campbell | | | | | | | | |
| Typed or printed name of signee | | | | | | | | |

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show LISS CLEANING, LLC, an Ohio For Profit Limited Liability Company, Registration Number 3863359, was organized within the State of Ohio on February 12, 2016, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 29th day of June, A.D. 2021.

Ohio Secretary of State

1 flore

Validation Number: 202118003042