

M21000011528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

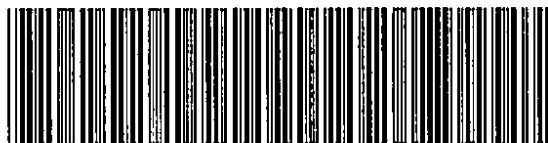
(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 AUG 30 PM 3:45
CLERK OF STATE
JULIA E. HARRIS
CLERK OF STATE

FILED

SEP 01 2021

M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A1 Satisfaction Cleaning 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:

Neely Hensley

Name of Person

Hensley CPA Firm PA

Firm/Company

9990 Coconut Rd

Address

Bonita Springs, FL 34135

City/State and Zip Code

jasminwray0@gmail.com

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

For further information concerning this matter, please call:

Neely Hensley

239

494-3993

at (_____) _____

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

RECEIVED
AUG 13 2007

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. A1 Satisfaction Cleaning 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. Ohio

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-1920574

(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. 2450 Katherine Street Apt 5

(Street Address of Principal Office)

Ft. Myers, FL 33901

6. 2450 Katherine Street Apt 5

(Mailing Address)

Ft. Myers, FL 33901

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

Name: Jasemin S. Wray

Office Address: 2450 Katherine Street Apt 5

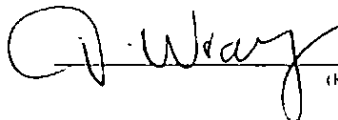
Ft. Myers, Florida 33901

(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)

FILED
2021 AUG 30 PM 3:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

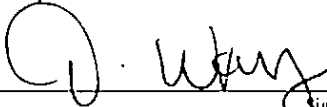
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>Jasemine S Wray</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>2450 Katherine St. Apt 5</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Ft. Myers, FL 33901</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Jasemine S Wray</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>2450 Katherine St. Apt 5</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Ft. Myers, FL 33901</u>	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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

Jasemine S. Wray

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 A1 SATISFACTION CLEANING LLC, an Ohio For Profit Limited Liability Company, Registration Number 4032700, was organized within the State of Ohio on May 25, 2017, 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 18th day of August, A.D. 2021.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202123002472



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2021

NEELY HENSLEY
HENSLEY CPA FIRM PA
9990 COCONUT RD
BONITA SPRINGS, FL 34135

SUBJECT: A 1 SATISFACTION CLEANING LLC
Ref. Number: W21000112774

We have received your document for A 1 SATISFACTION CLEANING LLC .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

There is a balance due of \$125.00.

We have received your document for A 1 SATISFACTION CLEANING LLC.
However, upon receipt of your document no check was enclosed. Please send a
check or money order payable to the Department of State for \$125.00. Your
document will be retained in our pending file. Please return a copy of this letter to
ensure that your check is properly credited.

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.

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

Mel Solomon
Senior Section Administrator

Letter Number: 121A00019522

RECEIVED

AUG 30 2021

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314