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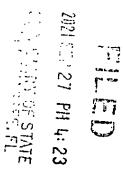
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Crown Commercial Cleaning LLC					
SUBJECT	of Limited Liability Company					
The enclosed Existence, an	d "Application by Foreign Limited Liability C and check are submitted to register the above re	ompany for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida.				
Please return	all correspondence concerning this matter to	the following:				
	Kendelo Hollis Jr					
Name of Person						
	Capital K Holdings LLC					
	Firm/Company					
	104 E Fowler Ave Suite 205					
	Address					
	Tampa, Florida 33612					
	/	ty/State and Zip Code				
	Hollis4success@gmail.com					
	E-mail address: (to be	used for future annual report notification)				
For further i	nformation concerning this matter, please call	:				
Ke	ndelo Hollis Jr.	813 900-4522 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number				
<u>M</u> a	illing Address:	Street Address:				
	gistration Section	Registration Section				
	Division of Corporations Division of Corporations					
	O. Box 6327	The Centre of Tallahassee				
Та	llahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Ple	elosed is a check for the following amount: ase make check payable to: FLORIDA DEPA \$125.00 Filing Fee	& ☐ \$155.00 Filing Fee & ■ \$160.00 Filing Fee, Certificate				

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:

Crown Commercial Cle				
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability	Company," "L.L.C.," or "LLC.")	
Crown Commercial Service	ces LLC			
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	lorida. The a	ternate name must include "Limited Liabi	lity Company," "L.L.C," or "LLC,")
Minnesota 2.		3.	117961034 (FEI number,	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number,	if applicable)
Upon Filing				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration. nine penalty li	ability)	
104 E Fowler Ave Suit 5.	e 205	6 .	04 E Fowler Ave Suite 205 (Mailing Address)	
(Street Address of Principal Office)			(Mailing Address)	
Tampa, Florida 33612		٦ _	Campa, Florida 33612	
		-		
		-	. <u></u>	2021
7. Name and street address	ss of Florida registered agent: (P.O. Bo.	x <u>NOT</u> ac	eceptable)	- m m
Name:	Capital K Holdings LLC			27 P
Office Address:	104 E Fowler Ave Suite 205	<u> </u>		PH 4: 23
	Tampa		33612 , Florida	ω
	(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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
■Manager	Name: Kendelo Hollis Jr.	□Manager	Name:	
□Member	Address: 104 E Fowler Ave Suite 205	□Member	Address:	
□Authorized	Tampa, Fl. 33612	□Authorized		
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.

Signature of an authorized person

Kendelo Hollis Jr.

Typed or printed name of signee

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: CROWN COMMERCIAL CLEANING,

LLC

Date Filed: 03/09/2011

File Number: 4216013-2

Minnesota Statutes, Chapter: 322C

Home Jurisdiction: Minnesota

This certificate has been issued on: 09/23/2021

Steve Simon

Secretary of State State of Minnesota