

ma1000017544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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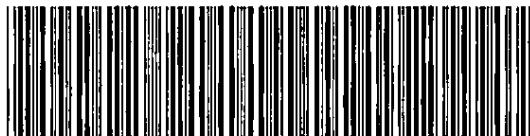
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

**TO: Registration Section
Division of Corporations**

Neat Solutions, LLC

SUBJECT: _____
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:

Sayra Rubiano

Name of Person

Neat Solutions

Firm/Company

2161 SW 42nd Street

Address

Fort Lauderdale, FL 33312

City/State and Zip Code

sayra@neatsolutionsusa.com

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

For further information concerning this matter, please call:

Sayra Rubiano

908

380.6768

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

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. ~~Neat Solutions, LLC~~ Neat Solutions Limited Liability Company
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Neat Solutions, 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.")
New Jersey

2. _____ (Jurisdiction under the law of which foreign limited liability company is organized) 3. _____ (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)

131 Country Club Drive 2161 SW 42nd Street
5. _____ (Street Address of Principal Office) 6. _____ (Mailing Address)

Unit 9 Fort Lauderdale, FL 33312
Union, NJ 07083

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

Sayra Rubiano
Name: _____

2161 SW 42nd Street

Office Address: _____

Fort Lauderdale

(City)

33312

(Zip code)

Florida

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.

[Signature]
(Registered agent's signature)

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2021 DEC 22 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<u>Title or Capacity:</u> ☒ Manager Name: <u>Daniel Velandia</u> ☐ Member Address: <u>2161 SW 42nd Street</u> ☐ Authorized <u>Fort Lauderdale, FL 33312</u> ☐ Person _____ ☐ Other _____ ☐ Other _____ ☐ Manager Name: _____ ☐ Member Address: _____ ☐ Authorized _____ ☐ Person _____ ☐ Other _____ ☐ Other _____ ☐ Manager Name: _____ ☐ Member Address: _____ ☐ Authorized _____ ☐ Person _____ ☐ Other _____ ☐ Other _____	<u>Title or Capacity:</u> ☒ Manager Name: <u>Sayra Rubiano</u> ☐ Member Address: <u>2161 SW 42nd Street</u> ☐ Authorized <u>Fort Lauderdale, FL 33312</u> ☐ Person _____ ☐ Other _____ ☐ Other _____ ☐ Manager Name: _____ ☐ Member Address: _____ ☐ Authorized _____ ☐ Person _____ ☐ Other _____ ☐ Other _____ ☐ Manager Name: _____ ☐ Member Address: _____ ☐ Authorized _____ ☐ Person _____ ☐ Other _____ ☐ Other _____
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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)

Signature of an authorized person

Sayra Rubiano

Typed or printed name of signer

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

**NEAT SOLUTIONS LIMITED LIABILITY COMPANY
0400679617**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on August 11, 2014.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2021

I further certify that the registered agent and office are:

**SAYRA P RUBIANO
131 COUNTRY CLUB DRIVE UNIT 9
UNION, NJ 07083**

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on August 03, 2020.

MEMBER

**DANIEL H. VELANDIA-CASTILLO
131 Country Club Drive Unit 9
Union, NJ 07083-0708**

MEMBER

**SAYRA P RUBIANO
131 Country Club Drive Unit 9
Union, NJ 07083-0708**

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

**NEAT SOLUTIONS LIMITED LIABILITY COMPANY
0400679617**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
2nd day of November, 2021*



*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 6124877298

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp