

M220000000144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

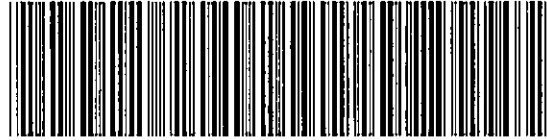
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Rec'd  
1-4-22

Office Use Only



000374604410

10/18/21--01029--021 \*\*190.00

2022 JAN -4 PM 2:45  
SECRETARY OF STATE  
INT. AFFAIRS SEC. DIVISION

FILED

JAN - 4 2022

M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMAZONIA 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:

MARCUS VINICIUS ALVES E SILVA  
Name of Person  
AMAZONIA CLEANING LLC  
Firm/Company  
100 Wyoming Ave  
Address  
Saint Cloud, Florida 34769  
City/State and Zip Code  
marcus.vinicius19844@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCUS VINICIUS ALVES E SILVA      978      871-7954  
Name of Contact Person      at (      )      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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 JAN - 4 PM 2:45

FILED

**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. AMAZONIA CLEANING LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Amazonia Professional Cleaning 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. Massachusetts General Laws, Chapter 156C  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 35-2719361  
(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. 100 Wyoming Ave  
(Street Address of Principal Office)

6. 100 Wyoming Ave  
(Mailing Address)

Saint Cloud, Florida 34769

Saint Cloud, Florida 34769

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

Name: JOSE LUIS CESPEDES MARTINEZ

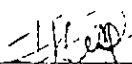
Office Address: 905 BRICKELL BAY DR APT 1628

MIAMI, Florida 33131  
(City) (Zip code)

FILED  
2002 JAN -4 PM 2:45  
CLERK OF STATE  
MIAMI, 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.*

  
(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:**

Manager Name: MARCUS V. ALVES E SILVA

Member Address: 100 Wyoming Ave

Authorized Saint Cloud, Florida 34769

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

Manager Name: DAYANE PIROUZI DA SILVA

Member Address: 100 Wyoming Ave

Authorized Saint Cloud, Florida 34769

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

FILED  
 2022 JAN -4 PM 2:49  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**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.

*Marcus V. Alves e Silva*

*Dayane Caminhoto*

Signature of an authorized person

Marcus Vinicius Alves e Silva

Dayane Pirouzida Da Silva Caminhoto

Typed or printed name of signee



*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

William Francis Galvin  
Secretary of the  
Commonwealth

September 21, 2021

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

**AMAZONIA CLEANING LLC**

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **July 2, 2021**.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are:  
**MARCUS VINICIUS ALVES E SILVA, DAYANE PIROUZI DA SILVA CAMINHOTO**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **MARCUS VINICIUS ALVES E SILVA, DAYANE PIROUZI DA SILVA CAMINHOTO**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **MARCUS VINICIUS ALVES E SILVA, DAYANE PIROUZI DA SILVA CAMINHOTO**



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*  
Secretary of the Commonwealth



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 20, 2021

JOSE LUIS CESPEDES MARTINEZ  
905 BRICKELL BAY DR APT 1628  
MIAMI, FL 33131

SUBJECT: AMAZONIA CLEANING LLC  
Ref. Number: W21000139429

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

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable : "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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: 321A00030683

*Rec'd  
14-22*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 21, 2021

MARCUS VINICIUS ALVES E SILVA  
AMAZONIA CLEANING LLC  
100 WYOMING AVE  
SAINT CLOUD, FL 34769

SUBJECT: AMAZONIA CLEANING LLC  
Ref. Number: W21000139429

We have received your document for AMAZONIA CLEANING LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

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: 121A00025652