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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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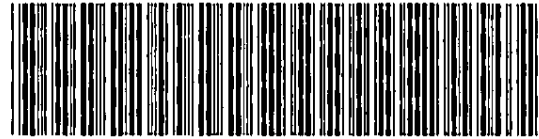
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Tidy Soldiers Jax, 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:

Quenton Anderson

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

7643 Gate Parkway, Suite 104-1623

\_\_\_\_\_  
Address

Jacksonville, FL 32256

\_\_\_\_\_  
City/State and Zip Code

info@tidysoldiers.com

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

For further information concerning this matter, please call:

Quenton Anderson

662

2551632

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. Tidy Soldiers Jax, LLC

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

Tidy Soldiers, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

Mississippi

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)

7643 Gate Parkway

5. (Street Address of Principal Office)

7643 Gate Parkway

6. (Mailing Address)

Suite 104-1623

Suite 104-1623

Jacksonville, FL 32256

Jacksonville, FL 32256

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TALLAHASSEE, FLORIDA

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

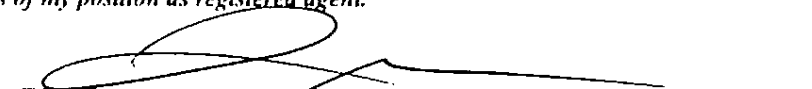
Name: Quenton Anderson

Office Address: 7643 Gate Parkway, Suite 104-1623

Jacksonville, Florida 32256  
(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)

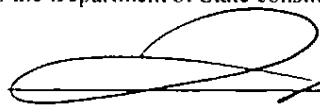
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Quenton Anderson</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Tigist N. Kebede</u>
<input type="checkbox"/> Member	Address: <u>14080 Golden Eagle Dr.</u>	<input type="checkbox"/> Member	Address: <u>14080 Golden Eagle Dr.</u>
<input type="checkbox"/> Authorized	<u>Jacksonville, FL 32226</u>	<input type="checkbox"/> Authorized	<u>Jacksonville, FL 32226</u>
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 _____
 <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

Quenton Anderson

\_\_\_\_\_  
Typed or printed name of signee

# State of Mississippi

## Certificate of Formation

Acting under the authority vested in me as Secretary of State by the Constitution and Laws of this State,  
I do hereby certify the following has satisfied all conditions precedent for formation in this State.

Tidy Soldiers Jax LLC



Given this the 13th day of January, Two Thousand and  
Twenty-Two, in the Capital City of Jackson, Mississippi  
under my Hand and Seal.

*Michael Watson*

**F0100**  
**Fee: \$ 50**



**Michael Watson**  
SECRETARY OF STATE

**2022016811**

Business ID: 1319496  
Filed: 01/13/2022 03:00 PM  
Michael Watson  
Secretary of State

## Mississippi Limited Liability Company Certificate of Formation

### **Business Information**

**Business Type:** Limited Liability Company  
**Business Name:** Tidy Soldiers Jax LLC  
**Business Email:** info@tidysoldiers.com  
**Future Effective Date:** 01/13/2022

### **NAICS Code/Nature of Business**

561210 - Facilities Support Services  
561720 - Janitorial Services  
561790 - Other Services to Buildings and Dwellings

### **Registered Agent**

**Name:** Quenton A Anderson  
**Address:** 1170 Cr. 117  
Blue Springs, MS 38828

### **Signature**

The undersigned certifies that:

- 1) he/she has notified the above-named registered agent of this appointment;
- 2) he/she has provided the agent an address for the company, and;
- 3) the agent has agreed to serve as registered agent for this company

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day **01/13/2022**.

**Name:**  
Tigist N Kebede  
*Manager*

**Address:**  
7643 Gate Parkway, Suite 104-1623  
jacksonville, FL 32256

Quenton A Anderson  
*Manager*

7643 Gate Parkway, Suite 104-1623  
jacksonville, FL 32256



**Michael Watson**  
SECRETARY OF STATE

Office of the Secretary of State  
Jackson, Mississippi

## Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

### **TIDY SOLDIERS JAX LLC**

Registered the 13th day of January, 2022

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

1170 Cr. 117  
Blue Springs, MS 38828

And that the registered agent at that address is:

Quenton A. Anderson

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office  
the 4th day of February, 2022

A handwritten signature in cursive script that reads "Michael Watson".

Certificate Number: CN22130307

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>