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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CYCCK CLCAN 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:
TDri Michelle Rodriguez
CYPEK CHUN LL C Firm/Company
MAD LYNN McGhee Dr #462
14 MOVE AL 36502 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TOY: ROWYIGHT at (251) 359-0899 Name of Contact Person Area Code Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Begin{array}{c} \\$125.00 \\ \\$1100.00 \\ \\$130.00 \\ \\$1100 \\ \\$130.00 \\ \\$1100 \\ \\$130.00 \\ \\$1100 \\ \\$130.00 \\ \\$1100 \\ \\$130.00 \\ \\$1100 \\ \\$130.00 \\ \\$1100 \\ \\$130.00 \\ \\$1100 \\\ \\$1100 \\ \\$1100 \\ \\$1100 \\\ \\$1100 \\\ \\$1100 \\\ \\$1100 \\\ \\$1100 \\\ \\$1100

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

N COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLI COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company; must include "Limited Liability Company)	
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florid 2	ta. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 3. 47-4035713 (FEI number, if applicable)
(Date first transacted business in Florida, if prior to reging (See sections 605.0904 & 605.0905, F.S. to determine to the sections 605.0904 & 605.0905, F.S. to determine to the sections of Principal Office) Dy. #4444 AHMOYE, A (3 U 50 2	6. Mailing Address) AM MC Shele OV. #462 Atmore, AC 36502
Name and street address of Florida registered agent: (P.O. Box No. 1970) Name: KOVEN C Brown Office Address: All Gulf Metze Gulf breeze (City)	SECRETARY OF STATE AND A SSEE, FLORIDA (Zip code)
Registered agent's acceptance: Having been named as registered agent and to accept service of professionated in this application, I hereby accept the appointment as recomply with the provisions of all statutes relative to the proper and accept the obligations of my-position as registered agent. (Registered agent's sign	egistered agent and agree to act in this capacity. I further agree and complete performance of my duties, and I am familiar with

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: Name and Address: Title or Capacity: Name: TOY1 Rodriguez Name: □Manager **Zi**Manager ☑ Member □Member Address: ______ □ Authorized ☐ Authorized Person Person Other____ □Other____ Other____ □Other__ Name: _____ □Manager □Manager □Member □Member Address: ____ Address: _____ □ Authorized □ Authorized Person Person Other____ □ Other □Other Other Name: _____ Name: _____ □ Manager □Manager □Member Address: _____ Address: _____ □Member □ 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. Nonindexed 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

John H. Merrill Secretary of State P. O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

as appears on file and of record in this office, the pages hereto attached, contain a true, accurate, and literal copy of the Articles of Formation filed on behalf of Creek Clean LLC, as received and filed in the Office of the Secretary of State on 09/02/2015.



20220117000010922

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

01/17/2022

Date

J. H. Marill

John H. Merrill

Secretary of State