

M2300000 389

(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:

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1/9/23

Filing Officer:

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1. The first group of people who are interested in the study of the history of the United States are the people who are interested in the history of the United States.

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2025.11.2

S. FRANKLIN

JAN 11 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Regen. Professional 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:

Sandra Jimenez
Name of Person

EBP Accounting Services, Inc.
Firm/Company

862 Morris Park Avenue
Address

Bronx, NY 10462
City/State and Zip Code

Sandra@ebpaccounting.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Jimenez at (646) 201-0399
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. Regen Professional Cleaning, LLC.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. New Jersey
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-1933637
(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. 151 Champions Vue Loop
(Street Address of Principal Office)

6. _____
(Mailing Address)

Apt 112

Davenport FL 33897

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

Name: Jaqueline Mediavilla

Office Address: 151 Champions Vue Loop Apt 112

Davenport, Florida 33897
(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.

Sandra May
(Registered agent's signature)

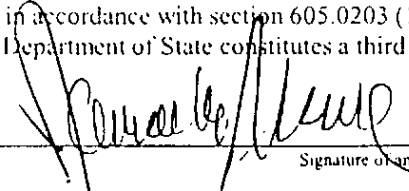
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	Jaqueline Mediavilla		<input checked="" type="checkbox"/> Manager	Name:	Julio Mediavilla	
<input checked="" type="checkbox"/> Member	Address:	919 Red Road		<input type="checkbox"/> Member	Address:	919 Red Road	
<input type="checkbox"/> Authorized	Teaneck, NJ 07666			<input type="checkbox"/> Authorized	Teaneck, NJ 07666		
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Jonathan Mediavilla		<input checked="" type="checkbox"/> Manager	Name:	Elisa Castillo	
<input checked="" type="checkbox"/> Member	Address:	919 Red Road		<input checked="" type="checkbox"/> Member	Address:	4324 Kepler	
<input type="checkbox"/> Authorized	Teaneck, NJ 07666			<input type="checkbox"/> Authorized	Avenue Bronx, NY 10470		
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

Jaqueline Mediavilla

Typed or printed name of signee

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

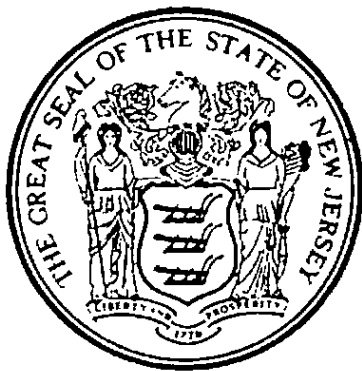
REGEN PROFESSIONAL CLEANING LLC
0450177580

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 June 19, 2017.

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): 2022

I further certify that the registered agent and office are:

*JULIO MEDIAVILLA
919 RED ROAD
TEANECK, NJ 07666*



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
28th day of November, 2022*

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 6137983351

Verify this certificate online at

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

2022 NOV 28 PM 7:12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2022

SANDRA JIMENEZ
862 MORRIS PARK AVENUE
BRONX, NY 10462 US

SUBJECT: REGEN PROFESSIONAL CLEANING LLC
Ref. Number: W22000157003

We have received your document for REGEN PROFESSIONAL CLEANING LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a foreign corporation, but your entity is a foreign limited liability company. Please complete and return the enclosed blank form(s).

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

There is a balance due of \$90.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 722A00028611

RECEIVED
JAN 09 2023