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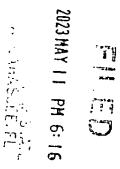
	(Requestor's Name)
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S. FRANKLIN
MAY 18 2023

12 ES 11/127

COVER LETTER

TO:	Division of Corporations	•
SUBJE	BJECT: Corporate Cleaning LLC Name of Limited Liability Compar	
	Name of Limited Liability Compar	ny
	e enclosed "Application by Foreign Limited Liability Company for Authorization to istence, and check are submitted to register the above referenced foreign limited liab	Tour AB 1 A B 1
Please r	ase return all correspondence concerning this matter to the following:	
	Alexander Perry Name of Person	
	Name of Person	
	Firm/Company	
	P O Bex 46368 Address	
	Address	
	Tampa, FL, 33646 City/State and Zip Code	
	City/State and Zip Code	
	Corporate Clearly 8130 9 mai	1. com
For furth	further information concerning this matter, please call:	ouncanon)
	Name of Contact Person at (873) 739	5 4947
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahaTallahassee, FL 323142415 N. Monroe StreetTallahassee, FL 32303	ons assee et, Suite 810
1	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE S125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee SCertificate of Status Certified Copy	

CENTRO

· Document Wumber: W23 000069891

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

1. (Name of Foreign I	TON 605.0902, FLORIDA STATUTES, THE FO SINESS IN THE STATE OF FLORIDA: A e Cleaning LLC imited Liability Company; must include "Limited	Liability Company," "L.L	.C.," or "I.LC.")		.TY
Curpurate	(leaning Enterprise LL me adopted for the purpose of transacting bosiness in Flo	cids. The alternate marks must	include "I imited I inhibity Co	mmeny " "I I C " or "I I C "	
	H'SU + G		OLI 983 (FEI number, if app		
4	(Date first tree-lacted business in Florida, if prior to n (See sections 605.0904 & 605.0905, F.S. to determin	egistration.) e penulty liability)		2	
5. 104 E FOW le/ (Street Address of Principal Office)	Ste 107	6. PU BOX	463 6 8	023 HAY	71
Tamps, FL	33612	Tampa	FL 33646	2023 MAY 11 PM 6: 16	
7. Name and street address	of Florida registered agent: (P.O. Box	NOT acceptable)		71.6	
Name:	Life Proof Financial Services	Inc			
Office Address:	2002 E St Ave Ste 107				
	Tampa (City)	, Florid	(7.ip code)		
designated in this applicat to comply with the provisi	noce: istered agent and to accept service of prion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent.	registered agent and	l agree to act in this	capacity. I further agi	ree
	(Registered agent's si	ignature)			

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:	Title or Capacity:	Name and Address:
Manager	Name: Alexander Perry	Manager	Name: Prittany Ellis
□Member	Address: 100 S. Ashley Or	☐Member	Address: 100 SAShley Dr
□Authorized	Suite 600	☐Authorized	Ste 600
Person	Tampa, Fl, 33602	Person	Tampa FL 33605
□Other	Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		☐Authorized	
Person		Person	
□Other	□Other	□Other	□Other
□Manager	Name:	□Мападег	Name:
□Member	Address:	□Member	Address:
□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. 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.

A DED W.
Vignature of an authorized person

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

Corporate Cleaning, LLC

tere Vimm

Date Filed:

12/28/2007

File Number:

2649826-2

Minnesota Statutes, Chapter:

322C

Home Jurisdiction:

Minnesota

This certificate has been issued on:

12/21/2022



Steve Simon

Secretary of State State of Minnesota

Mineral Prince and English and Charles and Prince and Prince and Company of the C