

M23000012201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

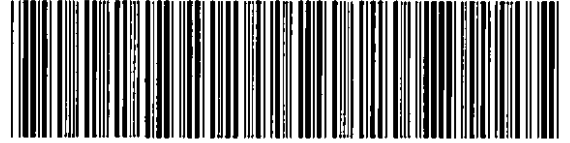
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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09/12/23--01020--019 **130.00

2023 SEP 12 PM 1:50

15:50

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **CASIANO CLEANING SERVICES LIMITED LIABILITY COMPANY**

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:

Yaima Almarales

Name of Person

Ultimate Trucking Services LLC

Firm/Company

1008 Coconut Dr

Address

Tampa, FL 33619

City/State and Zip Code

yalmaralesuts@gmail.com

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

For further information concerning this matter, please call:

Yaima Almarales

813

420-0252

Name of Contact Person

at (

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 605.062, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. CASTANO CLEANING SERVICES LIMITED LIABILITY COMPANY
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

Castano Cleaning Services of Tampa Limited Liability Company
Alternative name (if 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 46-3790804
Jurisdiction under the law of which foreign limited liability company is organized. (F.L.L. number, if applicable)

3. N/A
Date first transacted business in Florida (if prior to registration) (See sections 605.060(1) & 605.0605, F.S. to determine penalty, if any)

5. 5 SPRUCE ST 5 SPRUCE ST
Street Address of Principal Officer (Mailing Address)
MINE HILL, NJ 07803 MINE HILL, NJ 07803

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: DIANA MARIA CASTANO-ISAZA
Office Address: 14904 SWIFTWATER WAY
TAMPA, Florida 33625
(City) (Zip code)

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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.

[Handwritten Signature]
Registered agent's signature

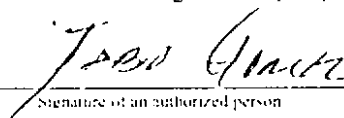
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members managers or persons authorized to manage [up to six (6) total]:

<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: Diana María Castano-Isaza	<input checked="" type="checkbox"/> Manager	Name: Fabio H. Gomez Ceballos
Member	Address: 14904 Swiftwater Way	<input type="checkbox"/> Member	Address: 14904 Swiftwater Way
Authorized	Tampa, FL 33625	<input type="checkbox"/> Authorized	Tampa, FL 33625
Person	_____	Person	_____
Other	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
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

Fabio H Gomez Ceballos

Typed or printed name of signer

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

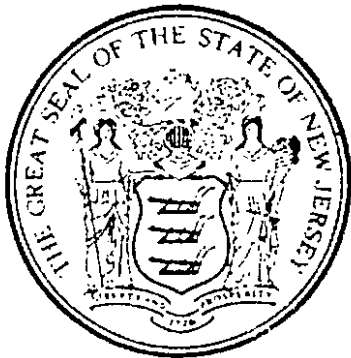
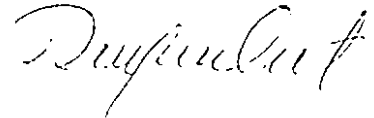
CASTANO CLEANING SERVICES LIMITED LIABILITY COMPANY
0400605231

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 October 02, 2013.

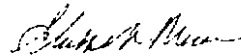
As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

DIANA MARIA CASTANO ISAZA
5 SPRUCE ST
MINE HILL, NJ 07803



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 31st day of August, 2023.



Elizabeth Maher Muoio
State Treasurer

Certificate Number: 0400605231

Visit this certificate online at

<https://www1.state.nj.us/TRE/standingCert.jsp?certid=Certisp>