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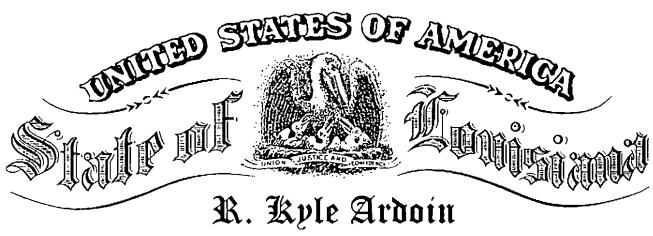
COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Impeccable Clean Name of	Limited Liability Company
	npany for Authorization to Transact Business in Florida," Certificate of renced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to th	e following:
Kyan D. Bro	Name of Person
Impeccable Ci	eaning Services
186 N. Palafo	x Street
Pensacola, FL	32502 State and Zip Code
brownryanpt3: E-mail address: (to be us	Bayahoo. Com ed for future annual report notification)
For further information concerning this matter, please call:	
Name of Copract Person	at (985) 710-4699 Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAR \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of St	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate

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

COMPANYTOTRANSACT BU 1. I MDCCC (1	TION 615.0902, FLORIDA STATUTES, TI SINESS IN THE STATE OF FLORIDA: Limited Liability Company; musa includy "L	Services Llamited Limited Liability Company." "LLC.		'AMITED LIABILITY
(If name unavailable, enter alternate 2. (Jurisdiction under the law of w	name adopted for the purpose of transacting business O Thich freeign limited liability company is organized	3 88-2		.L.C," or "LLC.")
4	(Date first transacted business in Florida, if p (See sections 605 0904 & 605,0905, F.S. to o			,
5. 186 M. Pa (Street Address of Principal Office)	Vatox Street	6. 186 10.	Palatox St	reet
Pensacola,	FL 32502	Pensaci	Palatox Sti pla, FL 325	02
	ss of Florida registered agent: (P.O.			APPROVE AND FILED 2023 SEP 28 PI
Office Address:	7901 4th St. N ST. Petersbu	1,STE300	33702 (Zip code)	112: 08
designated in this applicate to comply with the provis	otance: egistered agent and to accept servicultion, I hereby accept the appointme ions of all statutes relative to the pr s of my position as registered agent	ent as registered agent and ag oper and complete performat	gree to act in this capacity.	. I further agree

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Manager □Manager Name: □Member □ Member Address: □ Authorized □ Authorized Person Person □Other □Other____ □Other___ □Other____ □Manager Name: □Manager Name: Address: □Member Address: _____ □Member □ Authorized ☐ Authorized Person Person □Other___ Other___ □Other_ □Other □Manager Name: □Manager 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. 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 expected 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.



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

IMPECCABLE CLEANING SERVICES LLC

A limited liability company domiciled in SLIDELL, LOUISIANA,

Filed charter and qualified to do business in this State on April 19, 2021,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on.

September 28, 2023

Certificate ID: 11789253#DSL73

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

2 7 Le / 162 Secretary of State

Web 44379225K