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Special Instructions to	Filing Officer;	
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Office Use Only



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# CORPORATE WACCESS, \_\_\_\_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

	PICK	UP:	BROOK 12/12	
	CERTIFIED COPY		<del></del>	
XX	РНОТОСОРУ			
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XX	FILING	_FO	DREIGN LLC	
	MACI'S MAIDS LLC			
,	(CORPORATE NAME AND DOCUM	MENT #)		
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# 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: Maci's Maids 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 "L.C.") TENNESSEE 2. (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, it applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability.) 1070 W Main St 1305 3202 W Nine Mile Road 1101 (Street Address of Principal Office) Hendersonville, TN 37075 Pensacola, FL 32534 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agent Solutions, Inc. Name: 2894 Remington Green Ln. Ste. A Office Address: Tallahassee (Cuy) 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. Samantha Niels, Assistant Secretary

Title or Capacity:	Name and Address:	Title or Capaci	<u>tv:</u>	Name and Address:
□Manager	Name: Johnathon Andrew Carter	Manager	Name:	
■Member	Address: 1070 W Main St 1305		Address:	
□Authorized	Hendersonville, TN 37075	_		
Person		Person		
	Other	Other	<del>.</del>	Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	- <del></del>
□Authorized		_		·
Person		Person		
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indexed individuals  9. Attached is a certifurisdiction under the of the translator mus  10. This document is	se an attachment to report more than six (may be added to the index when filing you ifficate of existence, no more than 90 days e law of which it is organized. (If the cert is be submitted)  s executed in accordance with section 605 ment to the Department of State constitutes	our Florida Department of Stold, duly authenticated by the ificate is in a foreign langual (Aloys) (1) (b), Florida Statut	ate Annual Rep he official havir ge, a translation es, I am aware t	ort form.  In greated the certificate under of the certificate under of the the certificate under or the the certificate under or the certificate under or the certificate under or the certificate under the certificate un
	/s/ Johnathon Andre	ew Carter		

Typed or printed name of signee



### Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

JOHN BRENNAN

548 MARKET ST PMB 21938 SAN FRANCISCO, CA 94104 December 11, 2023

Request Type: Certificate of Existence/Authorization

Copies Requested:

Issuance Date: 12/11/2023

Request #:

0559923

**Document Receipt** 

Receipt #: 008498859

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3864057303

\$20.00

Regarding:

Maci's Maids LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 11/02/2022

Status:

Active

Duration Term:

Business County: SUMNER COUNTY

Perpetual

1365385

Date Formed:

11/03/2022 Formation Locale: TENNESSEE

Control #:

Inactive Date:

#### **CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

#### Maci's Maids LLC

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- \* has filed the most recent annual report required with this office:
- \* has appointed a registered agent and registered office in this State:
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed

Secretary of State

Processed By: Cert Web User

Verification #: 064535113