

M24000004187

Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LEADER ASSOCIATES LLC
Account Number : I20180000056
Phone : (954)998-3963
Fax Number : (954)697-0359

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: soraya.rosacleaning@gmail.com

RECEIVED
2024 APR - 1 AM 8:40
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLahassee, FLORIDA

2024 APR - 1 PM 3:40
STATE

Foreign Limited Liability Company
ROSA CLEANING LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00



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. ROSA CLEANING SERVICES LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

ROSA CLEANING 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. CALIFORNIA 3. 88-0993544
(D Jurisdiction under the law of which foreign limited liability company is organized; (E) EIN number, if applicable)

4.
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 21271 ESCONDIDO S WAY
(Street Address of Principal Office)

6. 21271 ESCONDIDO S WAY
(Street Address)

21271 ESCONDIDO S WAY

BOCA RATON, FL 33433

2024 APR -1 PM 3:40
SECRETARY OF STATE
FLORIDA

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

Name: SORAYA SANTOS ROSA

Office Address: 21271 ESCONDIDO S WAY

BOCA RATON, Florida 33433
(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.

Soraya Rosa

(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: <u>SORAYA SANTOS ROSA</u>	<input checked="" type="checkbox"/> Manager	Name: <u>DAYANE N DA SILVA</u>
<input checked="" type="checkbox"/> Member	Address: <u>21271 ESCONDIDO S WAY</u>	<input checked="" type="checkbox"/> Member	Address: <u>21271 ESCONDIDO S WAY</u>
<input type="checkbox"/> Authorized Person	<u>BOCA RATON, FL 33433</u>	<input type="checkbox"/> Authorized Person	<u>BOCA RATON, FL 33433</u>
<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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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.

Soraya Rosa

Signature of an authorized person

SORAYA SANTOS ROSA

Typed or printed name of signer



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: ROSA CLEANING SERVICES LLC
Entity No.: 202206110877
Registration Date: 02/27/2022
Entity Type: Limited Liability Company - CA
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 21, 2024.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 193182936

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.