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COVER LETTER

TO:

	Tsavers Cleaning Services LLC				
JBJEC	Name	e of Limited Liability Company			
ne enclo cistence	osed "Application by Foreign Limited Liability e, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flori			
ease ret	turn all correspondence concerning this matter to	o the following:			
	Cynthia Bradley				
		Name of Person			
	Tsavers Cleaning Services LLC				
		Firm/Company			
	6407 Celtic Drive				
		Address			
	Atlanta, GA 30331				
	C	City/State and Zip Code			
	info@tsaverscleaning.com				
	E-mail address: (to be	e used for future annual report notification)			
or furth	er information concerning this matter, please ca	dt:			
Cynthia Bradley		404 202-8426 at ()			
,	Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address: Registration Section		Street Address: Registration Section			
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		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 DEI \$125.00 Filing Fee ☐ \$130.00 Filing Fee Certificate of	ce & \[\Boxed{\Boxes} \$155.00 \text{ Filing Fee & } \Boxed{\Boxes} \$160.00 \text{ Filing Fee, Certificate}			

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. Tsavers Cleaning Service							
(Name of Foreign	Limited Liability Company; must include "Limite	d Liabilit	y Company," "L.TC.,"	or "LLC.")			
	· · · · · · · · · · · · · · · · · · ·	<u></u>					
(If name unavailable, enter alternate of	name adopted for the purpose of transacting business in F	lorida. The	ulternate name must includ	le "Limited Liability Compo	iny ""	L.L.C." o	r "ELC.")
Georgia 2.		3.					
(Jurisdiction under the law of w	hich foreign limited liability company is organized)			(FEI number, if applicat	ie)		
03/08/2024							
*	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registratio une penalty	n.) / liability)				
6407 Celtic Drive		6.	6407 Celtic Drive				
5. (Street Address of Principal Office)		0.	(Meiling Address)		-:	2 024	
Atlanta, GA 30331			Atlanta, GA 3033	l <u>.</u>	•	NOC	17
						-5	1
					<u> </u>	- - -	_; ; ;
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT	acceptable)	•	SIME	윤 미: 02	
Name:	Jasmine Robertson						
Office Address:	244 Pleasant Pond						
	Ruskin		33 , Florida	3570			
	(City)			(Zip code)			

Registered agent's acceptance:

Having heen 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.

(Registores) 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]: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name: Cynthia Bradley Jasmine Bailey Name: □Manager **■** Manager 244 Pleasant Pond 6407 Celtic Drive ■ Member Address: □Member Address: Ruskin, Fl 33570 Atlanta, GA 30331 ☐ Authorized ☐ Authorized Person Person □Other Other _____ □Other___ □Other_ Name: _____ □Manager □Manager Name: _____ Address: ______ ☐Member □Member Address: ______ ☐ Authorized ☐ Authorized Person Person Other____ Other_____ □Other Other___ Name: _____ ☐ Manager Name: ______ □Manager Address: □Member □Member Address: _____ □ Authorized ☐ Authorized Person Person □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 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. Cynthia Bradley

Typed or printed name of signee

Control Number: 23140974

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

l, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

TSavers Cleaning Services LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 27332003 Date Inc/Auth/Filed: 06/22/2023 Jurisdiction : Georgia Print Date : 05/27/2024

Form Number : 211



Brad Raffengerger

Brad Raffensperger Secretary of State