9/4/2024 12:23:40 PDT 3 9/4/24, 3:21 PM

To: 18506176383

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Division of Corporations

Fax: 8134365206

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Note: OO NOT hat the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet

To:

Division of Corporations

. (850)617-6383 Fax Number

From

Account Name : REGISTERED AGENTS INC.

Account Number : 12889888881 (387)200-2503 Phone : (813)436-5206 Fax Number

> \*\*Enter the email address for this business entity to be used for future annual report marlings. Enter only one email address please.\*\*

Email Address:\_

\_ \_ \_ \_ .

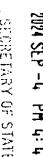
Foreign Limited Liability Company CleanSpace Modular, LLC

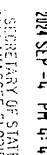
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Electronic Fibrig Menu-

Corporate Filing Menu

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Fax: 8134365206

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

IN COMPLIANCE WITH SECTION (05,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

To: 18506176383

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

CleanSpace Modular, LLC (Name of Foreign Limited Eability Company; must include "Limited Eability Company," "L.U.C." or "LUC.") ill name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Lamited Liability Company ""E.L.C." of "L.E.C.") 844383025 Chrisdiction saider the law of which foreign limited habitits company is organized) (EEI number, it applicable) Date first transacted business in Florida, if prior to registration 3, issee sections 605 1900 & 605 1900s, i. S. to determine penalty hability). 7901 4th St N STE 300 7901 4th St N STE 300 (Mailing Address) (Street Address of Principal Office)

St. Petersburg, FL 33702

\_ . Florida \_\_

7. Nan	me and <u>street addre</u> :	ss of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	ה כא הטא היים היים היים היים היים היים היים היים
	Name:	Registered Agents Inc	
	Obtain Addison	7901 4th St N STE 300	

(City)

## Registered agent's acceptance:

St. Petersburg

St. Petersburg, FL 33702

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.

Dong & Grace		
	(Registered agent's signature)	

8.	Por	initial indexing purpose	s. list names	, title or capacity	and addresse	of the primary	members/manag	ers or persons	authorized to
m	ាងខ្លួ	e [up to six (6) total]:							

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
□Manager	Name: Clenn VandeGrift	□Manager	Name:	
X)Member	Address:	IX Member	Address:	
□Authorized	7901 4th St N STE 300	□Authorized	7901 4th St N STE 300	
Person	St. Petersburg FL 33702	Person	St. Petersburg FL 33702	
□Other	Other	[] Other		
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	- Calabara	ï,
□Authorized		Fi Authorized	SSVAH	
Person		Person		ſ
□Other	□Other	□Other	r co \	
∐Manager	Name:	∐Manager	Name:	
□Member	Address:	□Member	Address:	
CAuthorized		CAuthorized		
Person		Person		
□Other		□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 translatior 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.817.158, F.S.

	10 hours Janeye	
	Signature of an authorized person	
Robin Jones		
	Typed or printed name of signer	

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## Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding:

CleanSpace Modular, LLC

Request Type:

Subsistence Certificate

Request No.:

042136220

Receipt No.:

001202463

Filing Type:

**Domestic Limited Liability** 

Company

Filing Subtype:

Limited Liability Company

Initial Filing Date: January 14, 2020

Status:

Active

## TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

CleanSpace Modular, LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Issuance Date: September 04, 2024

File No.:

0006999028

Albert Schmidt

Secretary of the Commonwealth

alles Sulmo

Verify this certificate online at www.file.dos.pa.gov