

M24000014153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

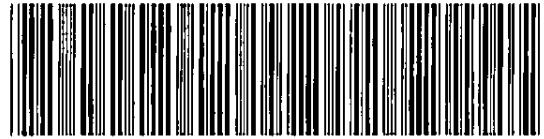
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24-112174

Office Use Only



300434327383

08/07/24--01028--017 **180.00

RECEIVED

AUG 06 2024

APPROVED
AND
FILED

2024 NOV - 6 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV - 5 2024

C. Brumley

MS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2024

TRASHELLE ODOM
455 SAINT VINCENT DR
SAINT AUGUSTINE, FL 32092 US

SUBJECT: RENEWED CLEANING SERVICE OF IDAHO LLC
Ref. Number: W24000113174

We have received your document for RENEWED CLEANING SERVICE OF IDAHO LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 724A00017758

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Renewed Cleaning Service of Idaho

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Trashelle Odom

Name of Person

Renewed Cleaning Service of Idaho

Firm/Company

455 Saint Vincent Dr

Address

Saint Augustine FL 32092

City/State and Zip Code

trashelle@renewedcleaningservice.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Trashelle Odom

208
at ()

871-9591

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
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 DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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. Renewed Cleaning Service of Idaho 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 "LLC.")

2. Idaho 3. 93-3509473
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. July 3rd 2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 455 Saint Vincent Dr 6. 455 Saint Vincent Dr
(Street Address of Principal Office) (Mailing Address)

Saint Augustine FL 32092 Saint Augustine FL 32092

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

Name: Trashelle Odom
Office Address: 455 Saint Vincent Dr
Saint Augustine 32092
(City) , Florida (Zip code)

APPROVED
AND
FILED
2024 NOV -6 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Trashelle Odom
(Registered agent's signature)

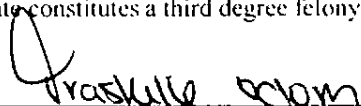
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	Trashelle Odom		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	455 Saint Vincent Dr.		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Saint Augustine, FL 32092		<input type="checkbox"/> Authorized			
Person				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				<input type="checkbox"/> Authorized			
Person				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				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	

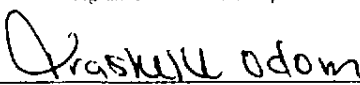
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.



Signature of an authorized person



Typed or printed name of signer



STATE OF IDAHO

Phil McGrane | Secretary of State

Business Office

450 North 4th Street

PO Box 83720

Boise, ID 83720

August 19, 2024

Request Type: Certificate of Existence/Filing

Request #: 0005865034

Receipt #: 001025898

Issuance Date: 08/19/2024

Copies Requested: 0

Regarding: Renewed Cleaning Service of Idaho LLC

Filing Type: Limited Liability Company (D)

Formation/Qualification Date: 09/20/2023

Status: Active-Existing

Duration Term: Perpetual

File # : 5406795

Formation Locale: IDAHO

Inactive Date:

Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

Renewed Cleaning Service of Idaho LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

A handwritten signature of Phil McGrane, enclosed in an oval.

Phil McGrane

Idaho Secretary of State

Processed By: Business Division

Verification #: 030231217