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COVER LETTER

		tration Section on of Corpora						
SUBJE	CT:	ECO-CLEAN	MAINTENA	NCE INC.				
0.01201			Name	of corporat	ion - mu	ist include suffix		
Dear Sir	r or M	adam:						
"Certific	cate of	• •	or "Certificate	of Good S	tanding	orization to Transac " and check are sub Florida.		
Please re	eturn a	all correspond	ence concern	ing this ma	tter to th	ne following:		
DOROT	A SZC	CZEPANIK						
				Name	of Perso	on		
DB PRE	CISIO	N TAXES AN	D ACCOUNT	ING LLC				
				Firm/C	ompany	·		· · · · · ·
817 N C	HURC	CH RD						
				Ac	ldress		_	
ELMHU	JRST.	IL 60126						
		_		City/Stat	e and Z	ip code		
ecoclean	ımainte	enance@yahoo.						
		ł)	E-mail address	s: (to be use	ed for fu	ture annual report n	otifica	ition)
For furtl	her int	ormation con	cerning this n	natter, pleas	se call:			
ARKADIUSZ GRABOWSKI at (773)					10 2002			
	Name	e of Person		Area C	Code	Daytime Telepl	hone N	Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	ake ch	check for the leck payable to:		EPARTME ig Fee &	□ \$78	STATE 3.75 Filing Fee & rtified Copy		\$87,50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	MAINTENANCE INC.		· · · · · · · · · · · · · · · · · · ·
(Enter name of c	orporation; must include "INCORPORAT) orp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate na	me adopted for the purpose of transacting busi	ness in Florida)
ILLINOIS		3. 26-3910500 (FEI number, if applicab	
12/12/2000			
(Date	of incorporation)	5(Date of duration, if other than p	erpetual)
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
515 W WRIGHT	WOOD AVE, ELMHURST, IL 60126		
	(Principal	office <u>street</u> address)	
	(Current ma	iling address, if different)	
Name and stree	et address of Florida registered agent: (P () Box NOT acceptable)	
Name:	ARKADIUSZ GRABOWSKI	1.0. Box 1401 acceptance	
ffice Address:	2615 SCARLET WAY		FILED 2024 JUN 17 PM
	NAPLES	Florida 34120	The second second
	(City)	, Florida 34120 (Zip code)	7
Registered age	ent's acceptance:	:	49 ₹ M
		rvice of process for the above stated corp	oration di the pluce
signuted in this	application, I hereby accept the appoi	ntment as registered agent and agree to a	ict in this capacity.
riner ugree io c id I am familiar	omply with the provisions of all statute with and accept the obligations of my	s relative to the proper and complete per position as registered agent.	formance of my auti B
,	Xchadr Papas	; > >	
_	· (Registered agent)	s signature)	

under the law of which it is incorporated.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS ARKADIUSZ GRABOWSKI □ Chairman □ Chairman Name: 515 W WRIGHTWOOD AVE □Vice Chairman Address: ☐ Vice Chairman Address: ELMHURST, IL 60126 Director □ Director ■ President □ President □ Vice President ■Vice President ■Treasurer □ Secretary □ Treasurer ■Secretary □Other _____ □Other _____ Other _____ □Other _____ Name: Chairman Name: □ Chairman □ Vice Chairman Address: _____ ☐ Vice Chairman Address: □ Director Director □ President □President □ Vice President □Vice President _____ □Treasurer □ Treasurer □ Secretary ☐ Secretary ⊡Other _____ □Other _____ ☐Other _____ □Other _____ Name: Name: □ Chairman □ Chairman □Vice Chairman Address: _____ □ Vice Chairman Address: □ Director Director President □President ☐Vice President □Vice President □Treasurer □Treasurer Secretary □ Secretary □Other _____ □Other _____ Other _____ □Other _____ Important Notige: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals rolly be added to the index when filing your Florida Department of State Annual Report form. ruadh! Xahout Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in

ARKADIUSZ GRABOWSKI- PRESIDENT

File Number

6647-166-7



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

Department of Business Services. I certify that

ECO-CLEAN MAINTENANCE INC., A DOMESTIC CORPORATION. INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 12, 2008, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 14TH day of JUNE A.D. 2024.

Authentication #: 2416602230 verifiable until 06/14/2025

Authenticate at: https://www.ilsos.gov

Alexi Gianard

SECRETARY OF STATE