

L09000056307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

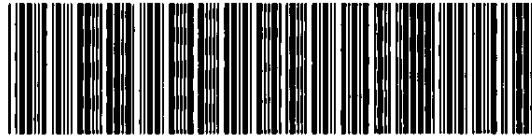
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W09-24
ALBNT
JUN 10 2009

EXAMINER

Office Use Only



900156058449

05/20/09--01010--009 **155.00

2009 JUN -9 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2009

HILDOLIDIA SAEZ / MARIA SAEZ
24121 SW 107TH AVE.
HOMESTEAD, FL 33032

SUBJECT: SAEZ CLEANING SYSTEMS, LLC
Ref. Number: W09000024163

We have received your document for SAEZ CLEANING SYSTEMS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 909A00017352

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAEZ CLEANING SYSTEMS, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HILDOLIDIA SAEZ/MARIA SAEZ
Name of Person

SAEZ CLEANING SYSTEMS, LLC
Firm/Company

24121 SW 107th AVENUE
Address

HOMESTEAD, FL 33032
City/State and Zip Code

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

2009 JUN -9 PM 3:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
FILED

For further information concerning this matter, please call:

MARIA SAEZ at (**786**) **326-4406**
 Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street/Courier Address
 Registration Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SAEZ CLEANING SYSTEMS, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

24121 SW 107th AVENUE
HOMESTEAD, FL 33032

24121 SW 107th AVENUE
HOMESTEAD, FL 33032

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

MARIA SAEZ

Name

24121 SW 107th AVENUE

Florida street address (P.O. Box **NOT** acceptable)

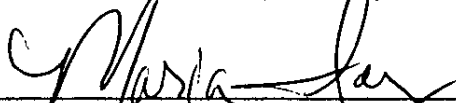
HOMESTEAD, FL 33032 FL

City, State, and Zip

2009 JUN -9 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

MARIA SAEZ

24121 SW 107th AVENUE

HOMESTEAD, FL 33032

MGRM

HILDOLIDIA SAEZ

24121 SW 107th AVENUE

HOMESTEAD, FL 33023

2009 JUN -9 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

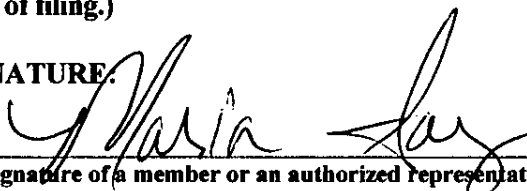
FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE.



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

HILDOLIDIA SAEZ/MARIA SAEZ

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)