

L14000162389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

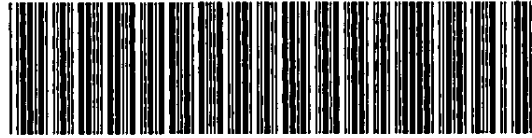
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/10/14--01026--011 **138.75

10/20/14--01001--008 **12.00

14 OCT 17 PM 4:06
STATE OF FLORIDA
TALLAHASSEE

J. Rivers OCT 20 2014

2565



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2014

TW COMMERCIAL CLEANING LLC
9610 NW 21 MANOR
SUNRISE, FL 33322

SUBJECT: TW COMMERCIAL CLEANING LLC
Ref. Number: W14000062870

We have received your document for TW COMMERCIAL CLEANING LLC and check(s) totaling \$138.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$11.25.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 714A00022066

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TW Commercial Cleaning 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:

9610 NW 21 Manor
Sunrise, FL, 33322

Mailing Address:

9610 NW 21 Manor
Sunrise, FL, 33322

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:

Nicole Veil

Name

263 Sacaranda Drive

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

Plantation

City

FL

33324

Zip

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 605, F.S..

Nicole Veil

Registered Agent's Signature (REQUIRED)

(CONTINUED)

14 OCT 17 PM 4:07
STATE OF FLORIDA
TALLAHASSEE

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Todd Harris

9610 NW 21 Manor

Sunrise, FL, 33322

AMBR

Warren Longmore

17816 81 Lane North

Loxahatchee, FL, 33470

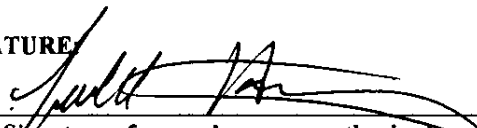
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE



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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

Todd Harris

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)

14 OCT 17 PM 4: 07
STATE OF FLORIDA
DEPARTMENT OF STATE