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(Re	questor's Name)	
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COVER LETTER

10.	Division of Corporations	
SUBJEC	Queens Quality Maintena	ce and Cleaning
SUBJEC		ame of Limited Liability Company
The enclo	osed Articles of Organization a	nd fee(s) are submitted for filing.
Please re	turn all correspondence concer	ing this matter to the following:
	Kelley Queen	
		Name of Person
	Queens Quality Maintenand	e and Cleaning
		Firm/Company
	91 Ash St	
		Address
	Santa Rosa Beach, Florida	2459
	pandkqueen@hotmail.com	City/State and Zip Code
		(to be used for future annual report notification)
For further	information concerning this m	atter, please call:
	Kelley Queen	850 687-0072 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following an	ount:
\$125.00	Filing Fee \$130.00 Filing Certificate o	g Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Building

Tallahassee, FL 32301

EFFECTIVE DATE U2/16/16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FILED

16 FEB 19 PH 2: 46

Queens Quality Maintenance and Cleaning LLC

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

A CARROLL STATE
A CARROLL FLORDA

ARTICLE II - Address: The mailing address and street address	dress of the principal of	ffice of the Lir	nited Liability Company is:
<u>Principa</u>	l Office Address:		Mailing Address:
91 Ash St			91 Ash St
Santa Rosa Beach, Flo	orida		Santa Roas Beach, Florida
32459			32459
The name and the Florida street ac	ddress of the registered Kelley Oueen	agent are:	
		Name	
	91 Ash St		
	Florida street address	(P.O. Box <u>N</u>	OT acceptable)
	Santa Rosa Beach	FL	32459
	City	State	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.

,

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Patricia J Queen
	91 Ash St
	Santa Rosa Beach, Florida 32459
	-
	
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) the date inserted in this block does not me	of filing: 02/16/16 . (OPTIONAL) cific and cannot be more than five business days prior to or 9 teet the applicable statutory filing requirements, this date will n
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Page 2 of 2