L18000136280

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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N CULLIGAN

JUN 4 2018

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: TRON CEANING SENICES 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: Property Property
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Allow Fowles at (321) 2975639 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations Division of Corporations

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

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 25, 2018

FRP FOWLES 1519 SUNRIDGE ROAD ORLANDO, FL 32808 Keliables

SUBJECT: CLEANING L.L.C.

Ref. Number: W18000050031

Reliable I Cleaning L.L.C.

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Cannot read the Registered Agents first name.

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) 245-6052.

Neysa Culligan

Regulatory Specialist II

Letter Number: 118A00010975

ECEIV

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY FILED

The name of the Limited Lubility Company is:

2018 JUN -4 PM 4: 23

Reliable I Cleaning 2-1- SECRETARY OF STATE FALLAHASSEE. FLORID:
(Must contain the words "Limited Line 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:
1519 STINR 1 198-R. d. OCL 9XIVD FEDE 101932808	67379 JUNE 10 48 10 48 10 52 50 8

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.)

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 (REOUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager 	Ronnie Lark
	12615 Innovation Falls DR und- 105 oflands FL, 22828
(Use attachment if necessary)	
(If an effective date is listed, the date must be specifithe date of filing.) Note: If the date inserted in this block does not meet	iding: (OPTIONAL) ic and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as
(If an effective date is listed, the date must be specifithe date of filing.) Note: If the date inserted in this block does not meet the document's effective date on the Department of S	ic and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as
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(If an effective date is listed, the date must be specifi the date of filing.) Note: If the date inserted in this block does not meet the document's effective date on the Department of S ARTICLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of membe This document is executed in i am aware that any false infe	the applicable statutory filing requirements, this date will not be listed as state's records. SECRIFICATION OF STATE O

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)