

L19000215437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

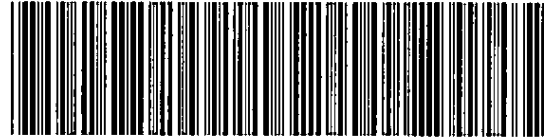
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900331967359

08/01/19--01014--018 **150.00

N. SAMS
AUG 30 2019

FILED
2019 AUG 29 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2019

PETE ALDAY DE JESUS
5521 47TH AVENUE NORTH
KENNETH CITY, FL 33709 US

SUBJECT: ALPHA OMEGA CLEANING SERVICE LLC
Ref. Number: W19000074742

FILED
2019 AUG 29 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FL 32399

We have received your document for ALPHA OMEGA CLEANING SERVICE LLC and your check(s) totaling \$160.00. 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 appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is .

L18000210535

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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 819A00016659

NOTE: I HAVE CHANGE THE NAME FROM:

*ALPHA OMEGA CLEANING SERVICES LLC
TO*

ALPHA COMMERCIAL CLEANING SERVICES LLC

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ALPHA COMMERCIAL CLEANING SERVICES 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:

PETE ALDAY DE JESUS

Name of Person

ALPHA COMMERCIAL CLEANING SERVICES LLC

Firm/Company

5521 47TH AVENUE NORTH

Address

KENNETH CITY CITY, FLORIDA 33709

City/State and Zip Code

ALPHAOMEGA CLEANING SVC @ GMAIL.COM

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

For further information concerning this matter, please call.

PETE DE JESUS at (727) 557-7286
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

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

Street Address

New Filing 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:

ALPHA COMMERCIAL CLEANING SERVICES LLC

(Must contain 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:

5521 47TH AVE N
KENNETH CITY
FLORIDA 33709

5521 47TH AVE N
KENNETH CITY
FLORIDA 33709

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:

PETE A. DE JESUS

Name

5521 47TH AVENUE N.

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

KENNETH CITY FL 33709

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.

Pete A. De Jesus

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2019 AUG 29 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FL 32399

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:

MANAGER

AMBR

FELISA C. DE JESUS

5521 47TH AVE N

KENNERLY CITY, FL 33709

PETER A. DE JESUS

5521 47TH AVE N

KENNERLY CITY FL 33709

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Felisa C. De Jesus / Peter A. De Jesus
Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

FELISA C. DE JESUS / PETER A. DE JESUS

Typed or printed name of signer

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)

SECRETARY OF STATE
TALLAHASSEE, FL 32399

2019 AUG 29 PM 2:00

FILED