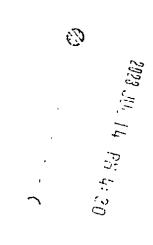


| | (Requestor's Name) | | |
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Office Use Only







115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

| Date:(| 07/14/2023 | |
|---------------|---------------------------------|---------------------------|
| Name: | Merritt | |
| Reference #:_ | 2066474 | |
| Entity Name: | NO JOKE EXT | ERIOR CLEANING LLC |
| ✓ Articles | s of Incorporation/Authorizatio | n to Transact Business |
| Amend | Iment | |
| ☐ Chang | e of Agent | |
| Reinsta | atement | |
| Conver | rsion | |
| Merger | - | |
| Dissolu | ution/Withdrawal | |
| Fictition | us Name | |
| ✓ Other_ | CERTIFIED CO | PY OF THE FILING EVIDENCE |
| | | |
| Authorized An | nount: \$125 | |
| Signature: | mw | |



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| Date:07/ | 14/2023 | |
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| ✓ Articles of | Incorporation/Authorization | on to Transact Business |
| ☐ Amendmer | nt | |
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| ☐ Dissolution | Withdrawal | |
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| Authorized Amour | nt: \$125 | |
| Signature: | mw | |

F: +852.2682.9790

COVER LETTER

| то: | New Filing Sec Division of Co | | | | |
|------------|----------------------------------|---|---------------|--|---|
| SUBJEC | | sterior Cleaning LLC | | | |
| SUBJEC | L-1: | Name of Li | mited Liabi | ity Company | |
| The encl | losed Articles of | Organization and fee(s) as | e submitted | I for filing. | |
| Please re | eturn all correspo | ondence concerning this m | atter to the | following: | |
| | Jacob Stone | | | | |
| | | | Name of | Person | _ |
| | | | | | |
| | | | Firm/Co | ompany | |
| | 11511 Loren | ce Ave | | | |
| | | | Addı | ress | |
| | Jacksonville | Florida 32218 | | | |
| | nojokeext@gi | | lity/State ar | id Zip Code | |
| | | E-mail address: (to be used | for future : | innual report notificati | |
| For furthe | r information co | ncerning this matter, pleas | e call: | | |
| | Jacob Stone | |)8 | 352-2837 | |
| | Nam | ee of Person A | rea Code | Daytime Telephon | e Number |
| Enclosed | d is a check for t | he following amount: | | | |
| □\$125. | 00 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | Certif | 5.00 Filing Fee & ed Copy al copy is enclosed) | ☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | New F Divisio P.O. B | ig Address iling Section on of Corporations ox 6327 assee, FL 32314 | | Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230 | assee et, Suite 810 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|--|---------------------------------------|
| The name of the Limited Liability Company is: | |
| | |
| No Joke Exterior Cleaning LLC | |
| (Must contain the words "Limited Liabil | ity Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address of the principal office of | of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 11511 Lorence Ave Jacksonville Fl 32218 | 1903 Muncie Ave Jacksonville Fl 32210 |
| | |
| ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.) | |
| The name and the Florida street address of the registered agen | t are: |
| COGENCY GLOBAL INC | · |
| Nan | ne |

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

Tallahassee FL 32301

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.,

115 North Calhoun Street, Suite 4

Ment Walker, Asst. Secretary Registered Agent's Signature (REQUIRED)

(CONTINUED)

2029 Jen In AH 4: 23

ARTICLE IV-

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

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: | | |
|--|--|--|--|
| "MGR" = Manager | | | |
| MGR | Jacob Stone 1903 Muncie Ave Jacksonville Fl 32210 | | |
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| (Use attachment if necessary) | | | |
| (If an effective date is listed, the date must be sp the date of filing.) | e of filing: | | |
| ARTICLE VI: Other provisions, if any. | | | |
| | | | |
| REQUIRED SIGNATURE: | | | |
| | ember or an authorized representative of a member. | | |
| This document is execu I am aware that any fals | ember or an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S. | | |
| Jacob Stone | | | |
| | 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)