# U3000138399

| (Re                     | questor's Name)    |           |
|-------------------------|--------------------|-----------|
| (Ad                     | dress)             |           |
| (Ad                     | dress)             |           |
| (Cit                    | :y/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | siness Entity Nan  | ne)       |
| (Do                     | cument Number)     |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         | •                  |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |





800252106288

800252106288 09/30/13--01046--007 \*\*130.00

SERRETARY OF STATE
OCT - 1 2013 IN
T CLINE

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SHRIFCT.

### Paradise Touch 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:

| Edy Mil                 | or   |   |                                 |  |                               |          |
|-------------------------|--|---|---------------------------------|--|-------------------------------|----------|
|                         |  | Name of Person                                    |                                 |  |                               |          |
|                         |  | Firm/Company                                      |                                 | · · · · · · · · · · · · · · · · · · ·                          | <u></u>                       |          |
| 4211 14                 | 4 Street SW  |   |                                 |  |                               |          |
|                         | ······   | Address   |                                 |  |                               |          |
| Lehigh                  | Acres, FL 339  | 976   |                                 |  |                               |          |
| <del></del>             | Cit  | y/State and Zip Cod                               | le                              |  |                               | ~~~      |
| edymilor@               | gyahoo.com   |   |                                 |  | المارية<br>المارية<br>المارية | 38       |
|                         | E-mail address: (to be used concerning this matter, please | call:   |                                 |  | CRETASS<br>SALVAN             | 3 SEP 30 |
| Edy Milor               |  | _ <sub>at (</sub> 239                             | 333-7                           | 163  | 200                           |          |
| Name                    | of Person  | _ = \   | e & Daytime Tele                |  | T STAT                        | PM 3: 45 |
| Enclosed is a check for | or the following amount:                                   |   |                                 |  | 1><br>                        | വ        |
| □\$125.00 Filing Fee    | ■\$130.00 Filing Fee & Certificate of Status               | □\$155.00 Fili<br>Certified Co<br>(additional cop | _                               | 1 \$160.00 Fil<br>Certificate<br>Certified C<br>(additional co | of Status<br>copy             | & &      |
| •                       | Mailing Address Registration Section                       |   | Courier Address<br>tion Section |  |                               |          |
|                         | Division of Corporations                                   | =   | of Corporation                  | s  |                               |          |

Registration Section Division of Corporation: P.O. Box 6327 Tallahassee, FL 32314 Registration 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  | ::  |                                    |                               |          |
|   |   |                                    |                               |          |
| Paradise Touch Cleaning Services LLC  |   |                                    |                               |          |
| (Must end with the words "Limited Liab  | vility Company, "L.L.C.," or "LLC.")  |                                    |                               |          |
| ARTICLE II - Address:   |   |                                    |                               |          |
| The mailing address and street address of the p   | orincipal office of the Limited Liabili   | ity Comp                           | any is:                       |          |
| Principal Office Address:   | Mailing Address:  |                                    |                               |          |
| 4211 14 Street SW, Lehigh Acres, FL 33976   | 4211 14 Street SW, Lehigh Acres, FL 339   | 976                                |                               |          |
|   |   |                                    |                               |          |
|   |   |                                    |                               |          |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regions business entity with an active Florida registration.)   |   |                                    |                               |          |
| The name and the Florida street address of the  | registered agent are:   |                                    |                               |          |
| Edy Milor   | •   |                                    |                               |          |
| Nam   | e   |                                    |                               |          |
| 4211 14 Street SW   |   |                                    |                               |          |
| Florida street a  | ddress (P.O. Box <u>NOT</u> acceptable)   |                                    |                               |          |
| Lehigh Acres, FL 33   | 976 <sub>FL</sub>   |                                    |                               |          |
| City, S   | State, and Zip  |                                    |                               |          |
| Having been named as registered agent and to<br>liability company at the place designated in<br>registered agent and agree to act in this capa<br>all statutes relating to the proper and compl<br>and accept the obligations of my position as r | this certificate, I hereby accept the a<br>scity. I further agree to comply with t<br>ete performance of my duties, and I a | ppointme<br>he provis<br>m familia | ent as<br>sions of<br>ar with |          |
| Muri  | AL (DEOLYMEN)   |                                    | 2013 SEP 30                   | धर औ     |
| Registered Agent's Sign   | ature (KEQUIKED)  | SE SE                              | 7                             | is marin |
|   |   | 語文                                 | 30                            | E .      |
| (CONTI  | NUED)   |                                    | TK.                           | 17       |
| n1.   | 53  | 地址                                 | ယ္                            | ζ,       |

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u>  | Name and Address:  |
|--|--|
| "MGR" = Manager  | •  |
| "MGRM" = Managing Member   |  |
| MGRM   | Ed Milor   |
| MONTA  | 4211 14 Street SW  |
|  | Lehigh Acres, FL 33976   |
| •  |  |
|  |  |
| -  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| effective date is listed, the date me<br>to or 90 days after the date of filing.   | the date of filing: (OPTIONAL) ust be specific and cannot be more than five business da )  |
| REQUIRED SIGNATURE:  | Ca   |
|  | Mendre   |
| Signature of a mem   | ther or an authorized representative of a member.  |
| (In accordance with section 6 constitutes an affirmation und I am aware that any false info  | der the penalties of perjury that the facts stated herein are true ormation submitted in a document to the Department of State?  only as provided for in s.817.155, F.S.)                                |
| (In accordance with section of constitutes an affirmation und I am aware that any false info constitutes a third degree felo.  Edy Milor | der the penalties of perjury that the facts stated herein are true ormation submitted in a document to the Department of States only as provided for in s.817.155, F.S.)                                 |
| (In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo              | der the penalties of perjury that the facts stated herein are true ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)  Typed or printed name of signee |
| (In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo              | der the penalties of perjury that the facts stated herein are true ormation submitted in a document to the Department of State on yas provided for in s.817.155, F.S.)  Typed or printed name of signee  |
| (In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo              | der the penalties of perjury that the facts stated herein are true ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)  Typed or printed name of signee |
| (In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo              | der the penalties of perjury that the facts stated herein are true ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)  Typed or printed name of signee |