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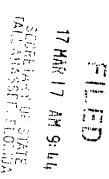
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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MAR 20 2017 T SCHROEDER

COVER LETTER

| SUBJECT: Sunset Window Cleaning, 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: |
| Shelton Decker Name of Person |
| Sunset Window Cleaning, LLC |
| 19439 La Serena Dr. Address |
| Estero, FL 33967 City/State and Zip Code |
| Shelton decler comcast. net E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Shelton Deckeral (239) 745-5235 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$ 130.00 Filing Fee \$ \$155.00 Filing Fee \$ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) |

TO:

New Filing Section Division of Corporations

> 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

Sunset Window Cleaning, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is:

| Principal Office Address: | Mailing Address: |
|--|--|
| 19439 La Serena Dr. Estero, FL 33967 | 19439 La Serena Di Esteso, FL 33967 |
| ther business entity with an active Florida registration.) | |
| nother business entity with an active Florida registration.) | |
| nother business entity with an active Florida registration.) the name and the Florida street address of the registered agent a Shelton Name 19439 La | Decker Serena Dr. |
| The Limited Liability Company cannot serve as its own Register nother business entity with an active Florida registration.) The name and the Florida street address of the registered agent a Shellon Name 19439 Florida street address (P.O. 1943) | Decker Serena Dr. |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

FILED

17 MAR 17 AM 9: 44

SELECTOR FOR STATE

| Title: "AMBR" = Authorized Member | Name and Address: |
|--|---|
| "MGR" = Manager MGR = Manager MGR = JOurses | Shellon Decker 19439 La Berena Dr. |
| | Estero, FL 33967 |
| | |
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| | |
| (Use attachment if necessary) | |
| (Ose attachment if necessary) | |
| fective date is listed, the date must b of filing.) f the date inserted in this block does r | date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not ment of State's records. |
| fective date is listed, the date must bof filing.) If the date inserted in this block does rement's effective date on the Department. | e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not |
| fective date is listed, the date must bof filing.) If the date inserted in this block does rement's effective date on the Department. | e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not |
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| fective date is listed, the date must be of filing.) If the date inserted in this block does rument's effective date on the Department's effective date of the Department's effective date of the Department's effective date on the Department's effective date of t | a member or an authorized representative of a member. Teccuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State agree felony as provided for in s.817.155, F.S. |
| fective date is listed, the date must be of filing.) If the date inserted in this block does rement's effective date on the Department. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exist am aware that any constitutes a third does not be a signature of a signature o | a member or an authorized representative of a member. recuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State agree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent |
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| fective date is listed, the date must be of filing.) If the date inserted in this block does rement's effective date on the Department's end of a signature of a signa | a member or an authorized representative of a member. recuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State agree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent |