

LO0000004687

Harold...
Request Name
1180 Copper Creek dr.
Address
Tallahassee, FL 32311 402-1499
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Professional Carpet Cleaning & Dye LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

(Corporation Name) (Document #)

(Corporation Name) (Document #)

RECEIVED
30 APR 24 PM 1:10
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
30 APR 24 PM 1:19
FILED

- Walk in
- Mail out
- Pick up time _____
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

OTHER FILINGS

- Annual Report
- Fictitious Name

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

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-04/24/00-01130-002
***155.00 ***155.00

200-4687

Name	CR 4-24
Availability	
Examiner	
Under	
Under	
Verify	
Acknowledgment	
W. P. Veriver	

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PROFESSIONAL CARPET CLEANING & DYE
LLC 576

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

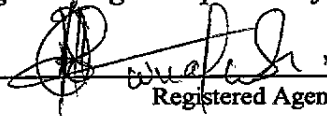
1180 COPPER CREEK DRIVE, TALLAHASSEE
FL 32311

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

HAROLD OKIWAASABA
Name
1180 COPPER CREEK DR. TALLAHASSEE, FL 32311
Florida street address (P.O. Box **NOT** acceptable)
FL
City, State, and 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 608, F.S..


Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

HAROLD OKIWAASABA
Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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