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(Requ	estor's Name)	
(Addre	ess)	
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. (City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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TRANSMITTAL LETTER

TO: Registration Section

Tallahassee, Florida 32399

Divis	sion of Corporations			
SUBJECT:	Old School Cleaning Servic	es, LLC		
SOBGECT.	(Name of Limit	(Name of Limited Liability Company)		
The enclosed	d Articles of Organization and fee	e(s) are submitted for filing.		
Please return	n all correspondence concerning t	his matter to the following:		
Susan Doo	dek			
	(Name of Person)		ب	
			0.3 000	
		•	٢	
	(Firm/Company)			
11022 Via	San Remo			
	(Address)			
Boynton B	seach, Florida			
	(City/State and Zip Code)			
For further in	nformation concerning this matte	r, please call:		
Susan Do	dek	at (561) 742-2818		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET A	DDRESS:	MAILING ADDRESS:		
Registration	egistration Section Registration Section			
	Division of Corporations Division of Corporations Division of Corporations			
TOP E. Callic	99 E. Gaines Street P.O. Box 6327			

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Old School Cleaning Services, 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:		
11022 Via San Remo		11022 Via San Remo	11022 Via San Remo	
Boynton Beach, Fl 33437		Boynton Beach, FI 33437	Boynton Beach, FI 33437	
The name and the Florida		red Office, & Registered Agent's Signature ne registered agent are:	re: 03 JUL 1	
Name		me	5 CORFE	
1102	2 Via San Remo)	PH 12:	
	lorida street address ((P.O. Box NOT acceptable)	12: 25	
Boyn	ton Beach,	F1 33437	U 0	

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

City, State, and Zip

(CONTINUED)

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" = Manag	ing Member	
MGRM		Maryann Marshall
	-	1001 Yamato Rd
		Boca Raton, FL 33437
MGRM		
	-	Susan Dodek
		Boynton Beach FI 33437
	_	
	_	
	_	
(Use attachment if	necessary)	
NOTE: An addit	ional article must b	be added if an effective date is requested.
NOIE. An addit	ional al ticic must t	re added if all effective date is requested.
REQUIRED SIG	NATURE:	
	\wedge	
	V	4216
	Signatura	er or an authorized representative of a member.
	•	•
	(In accordance with se of this document const that the facts stated he	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury erein are true.)
	Susan Dodek	
	Ty	yped 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)