

103000026696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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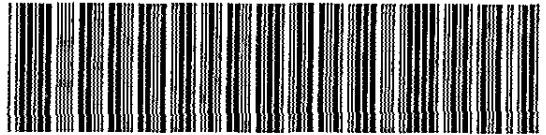
Special Instructions to Filing Officer:

789,524,691

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03 JUL 21 AM 8:44

SECURITY TO GO  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 11, 2003

ADAM CUFFARO  
8230 CHAMPIONSHIP COURT  
LAKEWOOD RANCH, FL 34202

SUBJECT: LAKEWOOD COMMERCIAL CLEANING L.L.C.  
Ref. Number: W03000019664

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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We have received your document for LAKEWOOD COMMERCIAL CLEANING L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE GIVE THE NAME OF THE LIMITED LIABILITY COMPANY IN ARTICLE I,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 503A00041105

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: LAKEWOOD COMMERCIAL  
CLEANING, LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

8230 Championship Court  
Lakewood Ranch, FL 34202

**Mailing Address:**

SAME

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

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

ADAM CUFFARO  
Name

8230 Championship Ct.  
Florida street address (P.O. Box **NOT** acceptable)

Lakewood Ranch 34202  
City, State, and Zip

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TALLAHASSEE, FLORIDA

*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..*

[Signature]  
Registered Agent's Signature

phone 941/8120791

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Adam Cuffaro

8230 Championship Court

Lakewood Ranch, FL 34202

~~Adam Cuffaro~~

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**



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.)

Adam Cuffaro

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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TALLAHASSEE, FLORIDA

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