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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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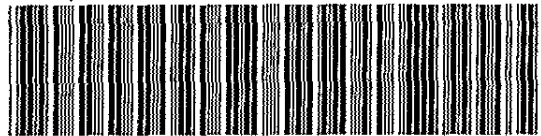
(Business Entity Name)

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TALLAHASSEE, FLORIDA

12/2/03
Cust

**WILLIAM EICHORN'S
CLEANING SERVICE
665 INDIAN WOMAN ROAD
SANTA ROSA BCH, FL. 32459**

To Whom it may concern,

**I William Eichorn am sementing my paper work for a l.l.c. and my day time telephone #
is (850) 267 - 2857.**

Thank You,

Wiliam J. Eichorn

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: William Eichorn's Cleaning Service "L.L.C."
(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:

William J. Eichorn
(Name of Person)

William Eichorn's Cleaning Service "L.L.C."
(Firm/Company)

665 Indian Woman Road
(Address)

Santa Rosa Bch FL 32459
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

William Eichorn at (850) 267-2857
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

William Eichorn's Cleaning Service "L.L.C."

ARTICLE II - Address:

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

Principal Office Address:

665 INDIAN WOMAN Rd.
SANTA ROSA Bch, FL.
32459

Mailing Address:

665 INDIAN WOMAN Rd.
SANTA ROSA Bch, FL.
32459

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

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

William J. Eichorn
Name
665 INDIAN WOMAN ROAD
Florida street address (P.O. Box NOT acceptable)
SANTA ROSA Bch FLORIDA 32459
City, State, and Zip

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CLERK OF COURT
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, Florida Statutes..

William J. Eichorn
Registered Agent's Signature

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:

MGRM

William Eichorn
665 Indian Woman Rd
Santa Rosa Bch FL 32459

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

William Eichorn
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.)

William J. Eichorn
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)