

L03000056781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☒ MAIL

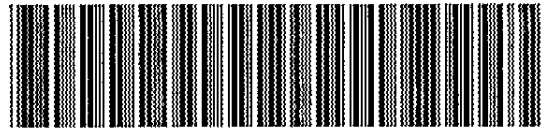
(Business Entity Name)

(Document Number)

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FILED
03 DEC 30 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03 DEC 30 AM 11:19
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

BK

11/04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DW Cleaning Solutions 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:

David L Wilson
(Name of Person)

DW Cleaning Solutions
(Firm/Company)

1213 Chew Ln
(Address)

Tallahassee, FL 32304
(City/State and Zip Code)

For further information concerning this matter, please call:

David Wilson at (850) 284-4503
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE:
1/1/04

CHEE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DW Cleaning Solutions LLC

ARTICLE II - Address:

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

Principal Office Address:

1213 Chee Ln
Tallahassee, FL 32304

Mailing Address:

1213 Chee Ln
Tallahassee, FL 32304

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

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

David Wilson
Name

1213 Chee Ln
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee, FL 32304
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
11/01

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..

David Wilson
Registered Agent's Signature

(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 M

David Wilson

1213 Chase Ln

Tallahassee, FL

(Use attachment if necessary)

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

REQUIRED SIGNATURE: Article V effective date 1/1/04

David Wilson

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.)

David Wilson

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)