

L03000057164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

| | |
|-------------------|-----|
| Name | |
| Availability | |
| Document Examiner | DCC |
| Updater | DCC |
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| Verifier | DCC |



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12/23/03--01005--002 **130.00

03 DEC 22 PM 12:58

FILED
SECURITY/PROJ. STAFF

Timothy Papaeconomou
5165 NW Aljo Circle
Port Saint Lucie, FL 34986

December 17th, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Alltimate Cleaning Services LLC

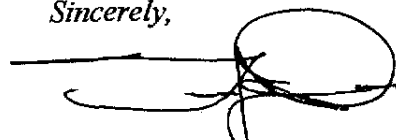
Gentlemen:

Attached hereto please find our check in the amount of \$130.00 to cover the following:

Filing fee for Articles of Organization: ---- 100.00
Designation of Registered Agent:----- 25.00
Certificate of Status: -----5.00
Total amount due:----- 130.00

Since we now need to secure an EIN from the IRS as well as establish bank accounts for our business, we would appreciate your prompt attention and earliest reply. Should you have any questions please contact me at 772-344-9621.

Sincerely,


Timothy Papaeconomou

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name:

The name of the Limited Liability Company shall be:

Alltimate Cleaning Services LLC

ARTICLE II - Address:

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

Mail: **5165 NW Aljo Circle, Port Saint Lucie, FL 34986**

Street: **5165 NW Aljo Circle, Port Saint Lucie, FL 34986**

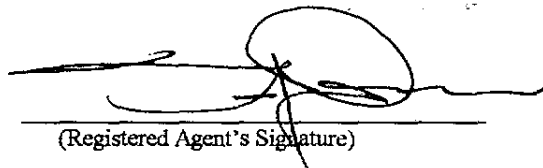
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Timothy Papaeconomou

5165 NW Aljo Circle, Port Saint Lucie, FL 34986

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 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 penalty of perjury that the facts stated herein are true.)

Timothy Papaeconomou

Typed or printed name of signer

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FOR THE STATE
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ARTICLE V - Officers

The names and addresses of the officers are:

President: **Timothy Papaeconomou**
5165 Aljo Circle
Port Saint Lucie, FL 34986

Vice President: **Amy R. Papaeconomou**
5165 Aljo Circle
Port Saint Lucie, FL 34986

Secretary: **Timothy Papaeconomou**
5165 Aljo Circle
Port Saint Lucie, FL 34986

Treasurer: **Amy R. Papaeconomou**
5165 Aljo Circle
Port Saint Lucie, FL 34986

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