

L04000001001

(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:

Office Use Only



200025656512

12/24/03--01014--006 \*\*60.00

~~12/24/03--01014--005 \*\*60.00~~  
~~12/24/03--01014--005 \*\*60.00~~

12/24/03--01014--005 \*\*100.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC 23 PM 2:54

4p

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LIMITED LIABILITY COMPANY (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:

CAMILLE HANNA SIDHOM  
(Name of Person)

SIDHOM JANITORIAL CENTER  
(Firm/Company)

8227 PORT SAID ST  
(Address)

ORLANDO FL 32817  
(City/State and Zip Code)

For further information concerning this matter, please call:

CAMILLE H SIDHOM at (407) 678-7006  
(Name of Person) (Area Code & Daytime Telephone Number)

CELL (407) 760-9598

**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:

SIDHOM LANTORIAL CENTER LLC**ARTICLE II - Address:**

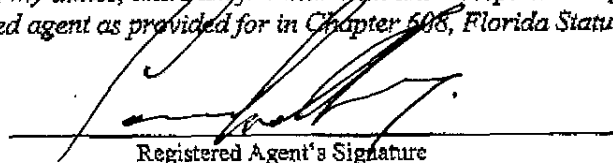
The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**8227 PORT SAID ST  
ORLANDO FL 32817**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:

CAMILLE H SIDHOM  
Name8227 PORT SAID ST  
Florida street address (P.O. Box NOT acceptable)ORLANDO FL FLORIDA 32817  
City, State, and Zip

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 606, Florida Statutes..

  
Registered Agent's Signature

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC 23 PM 2:54

**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:CAMILLE SIDHART MGRM8227 PONT SAID ST  
ORLANDO FL 32817only one personSelf employee.

(Use attachment if necessary)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC 23 PM 2:54

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.)

CAMILLE SIDHART

Typed or printed name of signer

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)

Mary L San Filippo  
12/18/3