

L04000003235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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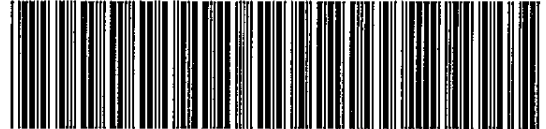
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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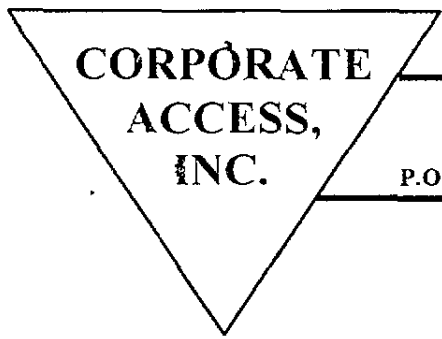
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236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 Fax (850) 222-4666

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☒ CERTIFIED COPY _____

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☒ FILING LLC

1.) Equilibrium Cleaning Services, LLC
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS _____

**ARTICLES OF ORGANIZATION
OF
EQUILLIANCE CLOSING SERVICES, LLC,
A LIMITED LIABILITY COMPANY**

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TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I
Name**

The name of the Limited Liability Company is Equilliance Closing Services, LLC.

**ARTICLE II
Company Address**

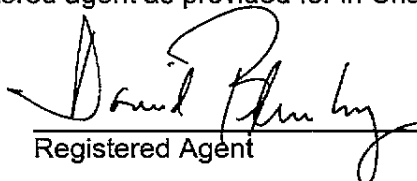
The mailing address and street address of the principal office of the Limited Liability Company is 301 West S.R. 434, Suite 309, Winter Springs, Florida 32708.

**ARTICLE III
Registered Agent, Registered Office and Signature of Registered Agent**

The name and the Florida street address of the registered agent of the Limited Liability Company is:

David Blumberg
301 West S.R. 434, Suite 309
Winter Springs, Florida 32708

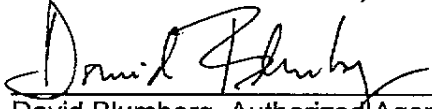
Having been named as registered agent and to accept service of process for the above-stated Limited Liability Company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity, and I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties. I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



Registered Agent

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this ____ day of January, 2004, which shall be effective upon filing with the Florida Secretary of State.

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)



David Blumberg, Authorized Agent