

# L04000023948

(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

Updater

Updater  
Verifier

Acknowledgement

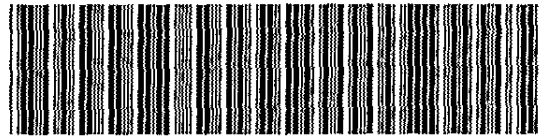
W. P. Verifier

Office Use Only

DCC

DCC

DCC



200030470892

03/17/04--01063--006 \*\*155.00

**FILED**  
2004 MAR 17 P 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DIVINE JANITORIAL SERVICES, 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:

FRANKIE COLEMAN  
(Name of Person)

DIVINE JANITORIAL SERVICES LLC  
(Firm/Company)

750 Berkley DR  
(Address)

PENSACOLA FL 32503  
(City/State and Zip Code)

For further information concerning this matter, please call:

Frankie Coleman at (850) 432-6327  
(Name of Person) (Area Code & Daytime Telephone Number)

2004 MAR 17 P 1:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

**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:

DIVINE SANITARIAL SERVICES, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

750 Berkley DR  
PENSACOLA,  
FL 32503

**Mailing Address:**

750 Berkley DR  
PENSACOLA  
FL 32503

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

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

Frankie Coleman  
Name

750 Berkley DR  
Florida street address (P.O. Box **NOT** acceptable)

PENSACOLA, FLORIDA 32503  
City, State, and Zip

2004 MAR 17 P 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*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..*

Frankie Coleman  
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:**

MGR

Frankie Coleman  
150 Berkley DR  
Pensacola, FL 32503

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Frankie Coleman

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.)

FRANKIE COLEMAN

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)

20th MAR 17 P 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED