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(F	Requestor's Name)
(/	Address)
(4	Address)
	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(E	Business Entity Name)
(<u>C</u>	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	to Filing Officer:
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations
•
Naigalla Tarilarial Sauricas
SUBJECT: Noisette Janitorial Services
(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:
Capillia Romando
Cecilia Bryant (Name of Person)
,
Cecilia Bruant, P.A.
(Firm/Company)
W 1 1 1 1 1 T # 1
1900 Prudential Dr 1
(Address)
JAY FL 32207
(City, State and Zip Code)
For further information concerning this matter, please call:
≥= ≤2
Cecilia Bryant at (904) 346-3366
(Name of Person) Area Code & Daytime Telephone Number
Street Address: Mailing Address:
Registration Section Registration Section
Division of Securities Division of Corporations
409 E. Gaines Street P. O. Box 6377

Tallahassee, Florida 32314

409 E. Gaines Street Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lim	e: nited Liability Company is:		
Noisette Jan	itorial Services, LLC	·	
ARTICLE II - Add The mailing address	ress: and street address of the princ	pipal office of the Limited L	iability Company is:
Principal Office Ad	dress:	Mailing Address:	
3148 Search	good Drive	3148 Searchu	wood Drive
Jax, FL 322	77	Jax, FL 32	
	gistered Agent, Registered O orida street address of the regi		ssignature:
_	Derek Noisette Name		P 2 u A
_	Florida street address (P.O. B.		
_	City, State, and	FLORIDA 32277 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 608, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (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:		
Manager	Derck Noisette 3148 Searchwood Dr. Jax FL 32277		
		•	· · · · · · · · · · · · · · · · · · ·
		SECRET	
(Use attachment if necessary)		ARY OF STATE	24 A 0
NOTE: An additional article must be	added if an effective date is requ	ested.	
REQUIRED SIGNATURE:			
Dut of Min			
Signature of a member or an a	uthorized representative of a member.	-	•
(In accordance with section 608 of this document constitutes an a that the facts stated herein are trees.)	.408(3), Florida Statutes, the execution affirmation under the penalties of perjury ue.)		
Derek No	n'sette inted name of signee		
Typed or pri	inted 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)