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	(Requestor's Name)
	(Address)
	(Address)
<u> </u>	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Cert	Copies Certificates of Status
Sŗ	I Instructions to Filing Officer:
<u> </u>	

Office Use Only



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TRANSMITTAL LETTER

): Registration Section Division of Corporations			
IBJECT: KICK Lands maid for you Claning (Name of Limited Liability Company)	CVI	Q	. L
e enclosed Articles of Organization and fee(s) are submitted for filing.			
sase return all correspondence concerning this matter to the following:			
Michelle Lugo Kirkland			
(Firm/Company)			
3572 Rosemont Ridge Pol (Address)	SECRETA	04 DEC	7
ellahoussee Ha. 32312. (City/State and Zip Code)	の語の子芸	-9 FE 3: 5	LED
r further information concerning this matter, please call:	. * * * * * * * * * * * * * * * * * * *	ω	
(Name of Person) at (Area Code & Daytime Telephone Number)			
s a check for the following amount:			
) Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	Status &		

STREET ADDRESS:

Enclos

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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:
KIRKlands Maid for You Cleaning Service LL ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address: 3572 Rosemon Lake Rd. Tall Ha. 37312
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Krektand Ward Or VDCI Grangs er School To Michelle Name (S) KIRKIANCE STORY Risement Ridge Rd Florida street address (P.O. Box NOT acceptable) Tallahassee Ha FL 373/2 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 608, F.S..

Registered Agent's Signature

(CONTINUED)

<u>Citle:</u> MGR" = Manager MGRM" = Managing Member	Name and Address:
Ingrm	Michelle Lugo Kir Kland 3572 Rosenfort Ridge Rd Tall. Fla 37317
Jse attachment if necessary)	

Signature of a member or an authorized representative of a member.

REQUIRED SIGNATURE:

(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.)

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)