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(Requestor's Name)		
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PICK-UP WAIT MAIL		
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
<u> </u>		

Office Use Only



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12/06/04--01024--006 **125.00



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Cousins Cleaning Service, LLC (Name of Limite	ed Liability Company)	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Judith Y. Pittman		
	(Name of Person)	
		~ > − 0
Cousins Cleaning Service, LLC		
	(Firm/Company)	
		F. 6
3901 N. Darwin Avenue		DEC -6 PM C
550 M. Dalmit World	(Address)	
	, ,	SE I
Tampa, FL 33603	y/State and Zip Code)	
(Cn	y/State and Zip Code)	
For further information concerning this matter, please	e call:	
Judith Pittman	at (813) 229-0042	
(Name of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for the following amount:		
■ \$125.00 Filing Fee ■ \$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:	MAILING A	DDRESS:
Registration Section	Registration S	
Division of Corporations 409 E. Gaines Street	Division of Co P.O. Box 632	
Tallahassee, Florida 32399	Tallahassee, F	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Cousins Cleaning Service, LLC	
ARTICLE II - Address: The mailing address and street address of the pro-	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3901 N. Darwin Avenue	3901 N. Darwin Avenue
Tampa, FL 33603	Tampa, FL 33603
ARTICLE III - Registered Agent, Registered	d Office, & Registered Agent's Signature:
The name and the Florida street address of the	registered agent are:
Judith Y. Pittman	
Name	065, 33 100 100 100 100 100 100 100 100 100 1
3901 N. Darwin Avenue	× 5
Florida street ad	dress (P.O. Box NOT acceptable)
Tampa, FL 33603 City, State,	FL 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..

Registereti Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
WIGICIAL - Managing Member	
MGR	Judith Y. Pittman
	3901 N. Darwin Avenue
	Tampa, FL 33603
MGR	Isaac Godwin III
	3901 N. Darwin Avenue
	Tampa, FL 33603
and the second s	TO BY
	SCO 7
	798 12
(Use attachment if necessary)	10 PS

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.)

Judith Y. Pittman

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)