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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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BINISTER OF DEC 17 PM 1:19

TRANSMI	TTAL LETTER FILE	ED
TO: Registration Section Division of Corporations	04 DEC 17 SECRETARY	CF STATE
SUBJECT: Bon'S Ultimate (Name of Limit	TALLAHASSE Leaving Servi	1 1 /
The enclosed Articles of Organization and fee(s) are s	•	
Please return all correspondence concerning this matter Bonetta Daustovty (Name of Person)	r to the following:	
Boy's OHimale Clouring	g Services LL	<i>C</i> ,
1/333 Derrenberger Trai)	
Tallahasse Floring 3. (City/State and Zip Code)	23/7	
For further information concerning this matter, please of	all:	
Bon Daugherty (Name of Person)	at (859) 333 - 78 (Area Code & Daytime Telephone N	87 (umber)
Enclosed is a check for the following amount:		
Certificate of Status	additional copy is enclosed) Certif	OFILING Fee, ficate of Status & fied Copy onal copy is enclosed)

STREET ADDRESS:

Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Registration Section

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	SECRETARY OF STATE TAILARY CEE, FLORIDA
The name of the Limited Liability Company is:	TALLARY, MILITARY
Boo's Ultimate cleaning	Services LLC.
ARTICLE II - Address:	
The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11333 Derrenberson Trail	SAME
Tullchasse Florida	
323/7	
ARTICLE III - Registered Agent, Registered Office	e, & Registered Agent's Signature:
The name and the Florida street address of the registere	ed agent are:
The name and the Frontal Street address of the register	ed agont are,
Joe Murphy	
, Marie	
11333 Derrenberser Florida street address (P.O. Box N	1/acl
riorida sueet address (r.O. Box iv	OT acceptable)
Tallahassa FL	3231 t

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..

stered Agent's Signature

(CONTINUED)

Title: "MGR" = Manager Name and Address: 04 DEC 17 PH 1:		The name and address of each Manager		follows:	
"MGR" = Manager "MGRM" = Managing Member SECRETARY OF ALL ALLAMANCE FLOR MALLAMANCE FLOR MALAMANCE FLOR MALLAMANCE FLOR MALLAMANCE FLOR MALLAMANCE FLOR		The maine and address of each vianag	FILED		
Moch Manager Town 1333 Developed Town 1333 Dev		"MGR" = Manager	Name and Address:		
(Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: Signature of a member of 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.)	P	MGRM	JAR MINAN 11333 Devicabel Tallohassa Flo	SECRETARY OF STATE TALLAHASSEE, FLORID 32317	•
(Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: Signature of a member of 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.)	for	MGRM	Benetta Dan 11333 Dervenbe Tull Fla 32	short eger trail	
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(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.),		REQUIRED SIGNATURE:			
of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.),		Bonella Signature of a mem	ber or an authorized representativ	e of a member.	
		of this document cor that the facts stated l	nstitutes an affirmation under the pena		

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)