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05 JAN -5 PM 4:27

**TO:** Registration Section  
Division of Corporations

Whiskers Cleaning, LLC  
(Name of Limited Liability Company)

Please return all correspondence concerning this matter to the following.

Cynthia A. Lepore  
(Name of Person)

991 W Geneva Pl  
(Address)

Citrus Springs FL  
(City, State and Zip Code)

34434

Cynthia A Lepore at (352) 266-6959  
(Name of Person) (Area Code & Day time Telephone Number)

☐ \$125.00 Filing Fee      ☐ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & Certified Copy  
(additional copy is enclosed)      ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy  
(additional copy is enclosed)

**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:

Whiskers Cleaning, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

991 W Geneva Pl  
Citrus Springs FL  
34434

**Mailing Address:**

991 W Geneva Pl  
Citrus Springs FL  
34434

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

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

Cynthia A. Lepore  
Name

991 W Geneva Pl.  
Florida street address (P.O. Box **NOT** acceptable)  
Citrus Springs FL 34434  
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)

05 JAN -6 PM 14:27

**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:**

MGRM

Cynthia A. Lepore  
991 W Geneva Pl  
Citrus Springs, FL  
34434

(Use attachment if necessary)

**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.)

Cynthia A. Lepore

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)