

L05 000025336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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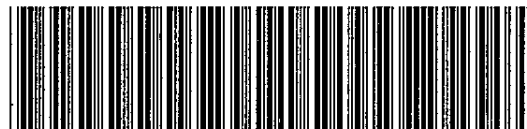
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PERFECT HANDS CLEANING SERVICES, L.L.C.
(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:

(Name of Person)

IRIS BERKE

PROFESSIONAL TAX SERVICE

(Firm/Company)

876 GARDENIA DR

ROYAL PALM BEACH, FL 33411

(City, State, Zip)

For Further information concerning this matter, please call:

IRIS BERKE

(Name of Person)

at (561) 308-5263

(Area Code & Daytime Phone Number)

STREET ADDRESS:
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 1 – Name:

The name of the Limited Liability Company is:

PERFECT HANDS CLEANING SERVICES L.L.C.

ARTICLE II – Address:

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

Principal Office Address:

126 SEVILLA AVE.

ROYAL PALM BEACH, FL
33411

Mailing Address:

SAME

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

AUDREY MCINTYRE

Name

126 Sevilla ave.

Florida street address (P.O. Box **NOT** acceptable)

ROYAL PALM BEACH, FL 33411

City, State, 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..

X

Audrey McIntyre

Registered Agent's Signature

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(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:

AUDREY McINTYRE

126 SEVILLA AVE

ROYAL PALM BEACH, FL 33411

MGRM

MELANIE RICHARDS

126 SEVILLA AVE

ROYAL PALM BEACH, FL 33411

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

x Audrey McIntyre
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.)

X AUDREY McINTYRE

Typed or printed name of signer