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(City/State/Zip/Phone #)

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(Document Number)

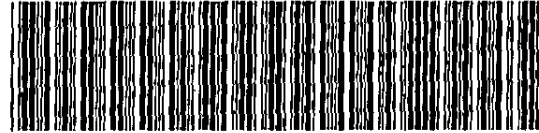
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*3/15/05*  
*[Signature]*

Office Use Only

WOS-11629



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03/03/05--01044--006 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 MAR 14 PM 3:02

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Margaret Hinds Cleaning Service LLC  
(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:

Margaret Hinds  
(Name of Person)

Margaret Hinds Cleaning Service LLC  
(Firm/Company)

862 Chamberlin Trail  
(Address)

St. Cloud, Florida 34772  
(City/State and Zip Code)

For further information concerning this matter, please call:

Margaret Hinds at ( 407 ) 892-4406  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$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)

**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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 MAR 14 PM 3:02

**FILED**



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

March 7, 2005

MARGARET HINDS  
862 CHAMBERLIN TRAIL  
ST. CLOUD, FL 34772

SUBJECT: MARGARET HINDS CLEANING SERVICE LLC  
Ref. Number: W05000011629

We have received your document for MARGARET HINDS CLEANING SERVICE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 105A00015552

2005 MAR 14 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Margaret Hinds Cleaning Service LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

862 Chamberlin Trail  
St. Cloud, Florida 34772

**Mailing Address:**

862 Chamberlin Trail  
St. Cloud, Florida 34772

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

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

Margaret Hinds

Name

862 Chamberlin Trail

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

St. Cloud, Florida 34772

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.*

Margaret Hinds  
Registered Agent's Signature

2005 HINDS  
SECRETARY  
TALLAHASSEE  
FEB 18 2005  
02

(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:**

MGR

Margaret Hinds

862 Chamberlin Trail

St. Cloud, Florida 34772

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

*Margaret Hinds*

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.)

Margaret Hinds

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 MAR 14 PM 3:02

FILED

**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)**