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TRANSMITTAL LETTER FILED Mobile TO: Registration Section Division of Corporations (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) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: ☐ \$125.00 Filing Fee **I** \$130.00 Filing Fee & □ \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations

409 E. Gaines Street

Tallahassee, Florida 32399

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADDICIE I No.	AND THE STATE OF T
ARTICLE I - Name: The name of the Limited Liability Company is:	7905 MAD OD
Honey Boe Wabile Coleaning	2005 MAR 23 P 1: 44  SECRET STATE  SECRET STATE  FLORIDA
ARTICLE II - Address:	
The mailing address and street address of the principal office of the I	Limited Liability Company is:
Principal Office Address:  H57/ Douth Kinkman Rd. Ro Box 4  # H Oslando Florida Kirimue	152556. Tioneda
<u> 3281/ 3474</u>	<u> </u>
ARTICLE III - Registered Agent, Registered Office, & Registered	ed Agent's Signature:
The name and the Florida street address of the registered agent are:    Couland   W - PTO     Name     South KIRK MAN     Florida street address (P.O. Box NOT acc     OR ANDO FL 328     City, State, and Zip	Ed#4 eptable)
Having been named as registered agent and to accept service of procliability company at the place designated in this certificate, I hereby registered agent and agree to act in this capacity. I further agree to all statutes relating to the proper and complete performance of my and accept the obligations of my position as registered agent as proved.  Registered Agent's Signature	by accept the appointment as comply with the provisions of duties, and I am familiar with

(CONTINUED)

Page 1 of 2

The name and address of each Manag	ger or Managing Member is as follows:	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRW = Managing Member	Galward W. Cato.	[-]]
,	Storida 34745	2005 MAR 2
		ALLAHI, SSEL
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(Use attachment if necessary)		
NOTE: An additional article must	be added if an effective date is requested.	
REQUIRED SIGNATURE:  Signature of a member	er or an authorized representative of a member.	,
of this document const that the facts stated h	ction 608.408(3), Florida Statutes, the execution litutes an affirmation under the penalties of perjury nerein are true.)  Order 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)