

LOS 000063974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800056291698

06/24/05--01017--016 \*\*125.00

FILED  
05 JUN 24 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan JUN 28 2005

**TRANSMITTAL LETTER**

**To: Registration Section  
Division of Corporations**

**Date: June 17, 2005**

**Subject: Norma Cruz LLC**

**The enclosed Articles of Organization and fee(s) are submitted for filing.**

**Please return all correspondence concerning this matter to the following:**

**Norma Cruz  
691 Indiana Avenue  
Fort Lauderdale, FL 33312**

**For further information concerning this matter, please call:**

**Kathleen Snyder at (954) 640-0331**

**FILED  
05 JUN 24 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

Norma Cruz, LLC

**ARTICLE II – ADDRESS:**

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

**Principal Office Address:**

691 Indiana Avenue  
Fort Lauderdale, FL 33312

**Mailing Address:**

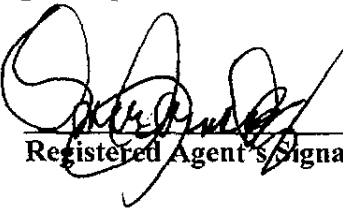
691 Indiana Avenue  
Fort Lauderdale, FL 33312

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

Imperial Cleaning Corp.  
15476 NW 77<sup>th</sup> Court 3336  
Miami Lakes, FL 33016

Imperial Cleaning Corp.  
15476 NW 77<sup>th</sup> Court #336  
Miami Lakes, FL 33016

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 appointments 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.

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV-Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

Title: *Pres. DENT*

MGR

Name and Address:

*Norma Cruz  
691 Indiana Ave.  
FL Lauderdale FL  
33312*

**REQUIRED SIGNATURE:**

*Norma Cruz*

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.)

Name of signee

Page 2 of 2

FILED  
05 JUN 24 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA