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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 141 Cleaning Son	SCV(CES Liability Company)		-
The enclosed Articles of Organization and fee(s) are sul	bmitted for filing.		
Please return all correspondence concerning this matter	to the following:		
Gillian Perkin	ame of Person)		
1+1 Cleaning S	ervices im/Company)		,
4830 SE 60 av	(Address)		DIVISIO
Trenton, FC (City/s	32693 State and Zip Code)		SECRETARY OF SIVISION OF CORPO
For further information concerning this matter, please ca	all:		PH 1:56
Cillian Perkins a	at (352) 603 - (Area Code & Daytime Te	2678	-
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\square\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filin Certificate of Sta Certified Copy (additional copy is e	itus &
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fi	ection rporations	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1+1 Cleaning Services, "L.L.C" Co.

ARTICLE II - Address:

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

Principal Office Address:

4830 SE 60 ave
Trenton, FL

32693

Mailing Address:

4830 SE 60 ave
Trenton, FL

32693

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

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

Gillian Perkins

Name

4830 SE 60 ave

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

Trenton FL 32693

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)

Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Gillian Perkins 4830 SE 60 ave Trenton, FL 32693
MGR	Jessica Perkins 3601 NW 49Thave Gainesville, FL 32605
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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 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.)

Cillian Perkins
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)

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