## 105000076119

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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RECALLARYSEE PERMITS

LA08/03/05

## TRANSMITTAL LETTER

	ration Section on of Corporations	
SUBJECT: _	All purpose Cleaning LLC (Name of Limited Liability Company)	
The enclosed A	articles of Organization and fee(s) are submitted for filing.	
Please return a	ll correspondence concerning this matter to the following:	
_	Andrea Agonte_ (Name of Person)	
	(Firm/Company)	
	(Address)  Lauder Mill FL 33351  (City/State and Zip Code)	20 PH 3: 08
For further info	ormation concerning this matter, please call:	
	(Name of Person) at (954) 776-1880 (Area Code & Daytime Telephone Number)	
Enclosed is a	check for the following amount:	
\$125.00 Fil	ing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  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 Pivision of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
All purpose Cleaning	LLC
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address: Maili	ing Address:
Loral Springs A S	oral Springs, Fr
ARTICLE III - Registered Agent, Registered Office	, & Registered Agent's Signatures
The name and the Florida street address of the registere Andrea Apon	te small am
Florida street address (P.C.  Cotal Springs FL  City, State, and Zip	D. Box NOT acceptable)
City, State, and Zip	<del>,</del>

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 Signature

(CONTINUED)

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	. <b>.</b> .
MGRM	Andrea Aponte
	115 N.W. 100th Terrace
	Coral Springs PC 33071
	, ,
<del></del>	
<del></del>	<del></del>
(Use attachment if necessary)	
NOTE: An additional artisla must l	be added if an effective date is requested.
NOTE. An additional article must	be added if an effective date is requested $\mathbb{R}^{+}$
REQUIRED SIGNATURE:	
-	
/	
<u> </u>	7-11-1
Signature of a member	or an authorized representative of a member.
(In accordance with sect	tion 608.408(3), Florida Statutes, the execution
of this document consist that the facts stated he	tutes an affirmation under the penalties of perjury
k c	C A L
	= /. D . 640

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)