

L0500007 70 80

FR: TWO'S COMPANY CLEANING SVC.  
8179 N. University Dr. #94  
Tamarac 33321  
FL.



000057952400

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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08/03/05--01032--003 \*\*160.00

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L'ALCANTARA

SECRET

2005-03-12: 54

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TWO'S COMPANY 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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mailing Address:**

8179 N. UNIVERSITY DR.  
APT # 94  
TAMARAC 33321 FL.

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

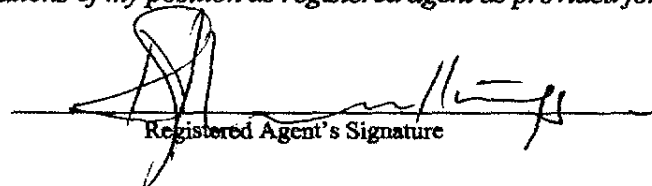
The name and the Florida street address of the registered agent are:

DEBBY MULLINGS  
Name

8179 N. UNIVERSITY DR #94  
Florida street address (P.O. Box **NOT** acceptable)

TAMARAC FL 33321.  
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)

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TALLAHASSEE, FLORIDA

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**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:**

MGRM

DEBBY MULLINGS  
8179 N. UNIVERSITY DR. #94  
TAMARAC 33321 FL.

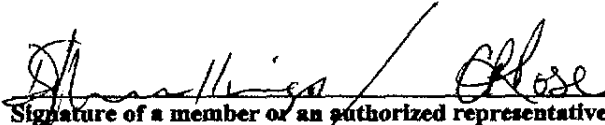
MGRM

CLOTHEL ROSE  
3375 PINEWALK DR. APT 201  
MARGATE FL 33063

(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.)

DEBBY MULLINGS / CLOTHEL ROSE  
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)**

SECRETARY OF STATE  
TAMPA, FLORIDA 33604

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