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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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EFFECTIVE DATE

10-01-05

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05 SEP 30 AM 9:14

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TRANSMITTAL LETTER

ATX1

TO: Registration Section
Division of Corporations

SUBJECT: PALMER CLEANING LLC
(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:

BEN E. PALMER
(Name of Person)

PALMER CLEANING LLC
(Firm/Company)

5419 NORTHWOOD RD
(Address)

CRESTVIEW, FLORIDA 32539
(City/State and Zip Code)

For further information concerning this matter, please call:

BEN E. PALMER at 850-682-5066
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

PALMER CLEANING LLC

ATX1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PALMER CLEANING 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:

EFFECTIVE DATE

10-01-05

PALMER CLEANING LLC

5419 NORTHWOOD RD

CRESTVIEW, FLORIDA 32539

PALMER CLEANING LLC

5419 NORTHWOOD RD

CRESTVIEW, FLORIDA 32539

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

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

BEN E. PALMER

Name

5419 NORTHWOOD RD

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

CRESTVIEW

FL 32539

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..

Ben Palmer

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

FILED
05 SEP 30 AM 9:14
CLERK OF SUPERIOR COURT
STATE OF FLORIDA

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:

MGR

BEN E. PALMER

5419 NORTHWOOD RD

CRESTVIEW, FL 32539

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

ARTICLE V : EFFECTIVE DATE: OCTOBER 1, 2005

REQUIRED SIGNATURE:

Ben Palmer

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.)

BEN E. PALMER

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)