(05000/04596

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700060657527

10/25/05--01003--011 **130.00

05 0CT 25 ANTH: 29 E.C.

BANKA A LOSSE FORATIONS

05-104596 TO 25-05

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TIMA'S TIP TOP CLEANING SERVICES LCC (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:
Latina 3. Regres (Name of Person)
TIMA'S Tip Top Cleaning Services LLC (Firm/Company)
2134 PASCO St (Address)
TAUA FIA 32310 (City/State and Zip Code)
For further information concerning this matter, please call: A
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\Bar{\text{S}}\$
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Cadditional copy is enclosed) Street/Courier Address Registration Section Registration Section Division of Corporations Clifton Building Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
JINA'S TIP TOP CHECK (Must end with the words "Limited Liability Company, "Limited	ing Services LLC
(What end with the words Limited Liability Company, Limited	Teolipany of their abbreviation Elec, of E.C.,
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2134 PASCO ST TALLA FI 32310	2134 PASCO St TALLA FI 323,0
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ared Agent. You must designate an individual or another
The name and the Florida street address of the re-	egistered agent are:
Latina S. Name 2134 PASCO	Reaves SEE AN TO SEE T
	accept service of process for the above stated limited his certificate, I hereby accept the appointment as

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

16-25-05-2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"MGRM"	La line S Paaves 2434 Paro St TAHA FI 32310
	O5 OC
	T 25 AM
(Use attachment if necessary)	11: 23
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must l prior to or 90 days after the date of filing.)	date of filing: 10/25/05 (OPTIONAL) be specific and cannot be more than five business days
REQUIRED SIGNATURE: Signature of a member of	or an authorized representative of a member.

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)