

LD6000052953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

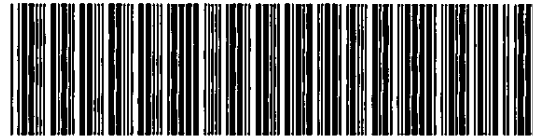
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Charles **GAVE**  
**AUTHORIZATION BY PHONE TO**  
**CORRECT** Art five  
**DATE** 5/23/06  
**DOC. EXAM.** \_\_\_\_\_

Office Use Only



400073704284

05/03/06--01039--023 \*\*160.00

FILED  
06 MAY 23 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KIM'S CLEANING SOLUTIONS, 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:

KIMBERLY K LEWIS  
(Name of Person)

KIM'S CLEANING SOLUTIONS, LLC  
(Firm/Company)

P.O. BOX 1362  
(Address)

LARGO, FLORIDA 33779  
(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLES LEWIS at (727) 224-5514  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 12, 2006

KIMBERLY K. LEWIS  
P.O. BOX 1362  
LARGO, FL 33779

SUBJECT: KIM'S CLEANING SOLUTIONS, LLC.  
Ref. Number: W06000021982

We have received your document for KIM'S CLEANING SOLUTIONS, LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 206A00033659

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE ONE – Name

The name of Limited Liability Company is **KIM'S CLEANING SOLUTIONS, LLC.**

## ARTICLE TWO - Address

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

Principal Office Address: **2137 Georgianna St., Largo, Florida 33774**

Mailing Address: **P. O. Box 1362, Largo, Florida 33779**

## ARTICLE THREE – Registered Agent, Registered Office, & Registered Agent's Signature

(THE LIMITED LIABILITY COMPANY CANNOT SERVE AS ITS OWN REGISTERED AGENT. YOU MUST DESIGNATE AN INDIVIDUAL OR ANOTHER BUSINESS ENTITY WITH AN ACTIVE FLORIDA REGISTRATION.)

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

**Kimberly K. Lewis**

Name

**2137 Georgianna St**

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

**Largo, FL 33774**

City, State, and Zip

FILED  
06 MAY 23 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 here by 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)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE FOUR – Manager (s) or Managing Member (s)

**Title:**

"MGR" = Manager  
"MGRM" = Managing  
Member

**Name and Address:**

MGR

Kimberly K Lewis

2137 Georgianna St.

Largo, Florida 33774

MGR

Charles P Lewis

2137 Georgianna St.

Largo, Florida 33774

## ARTICLE FIVE – Effective Date

If other than the date of filing \_\_\_\_\_, (OPTIONAL) If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.

**REQUIRED SIGNATURE:**

*Charles P. Lewis Jr.*

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.)

\_\_\_\_\_  
Typed or printed name of signee.

FILED  
06 MAY 23 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)