

LOG0000 89252

(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:

Office Use Only



700079444927

09/12/06--01002--009 \*\*130.00

06 SEP 11 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

9-12  
Chest

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: All American 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:

Donna M. Stull  
(Name of Person)  
All American Cleaning LLC  
(Firm/Company)  
P.O. Box 37198  
(Address)  
Jacksonville FL 32236  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 SEP 11 AM 11:16

FILED

For further information concerning this matter, please call:

Donna M. Stull at (904) 591-8805  
(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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

All American Cleaning LLC  
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

317 Manson Lane  
Jacksonville FL 32220

**Mailing Address:**

P.O. Box 3798  
Jacksonville FL 32236

**ARTICLE III - 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:

Donna M. Stull  
Name

317 Manson Lane  
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32220  
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..*

Donna M. Stull  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
SEP 11 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, 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:**

MGRM

Donna M. Stull  
317 Manson Lane  
Jacksonville FL 32220

MGRM

Greg D. Evans  
317 Manson Lane  
Jacksonville FL 32220

MGRM

Stacy A. Williams  
1733 Linares Way  
Jacksonville FL 32220

FILED  
06 SEP 11 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**ARTICLE V:** 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:**

Donna M. Stull  
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.)

Donna M. Stull  
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)

This document is to certify the percentage of ownership for the following

members of All American Cleaning, LLC

Member Donna M. Stull % of Ownership 34

Member Greg D. Evans % of Ownership 33

Member Stacy A. Williams % of Ownership 33

FILED  
06 SEP 11 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Member signature [Signature]  
Member name Donna M. Stull

Member signature [Signature]  
Member name Greg D. Evans

Member signature [Signature]  
Member name Stacy A. Williams

NOTARY STATE OF FLORIDA, COUNTY OF Duval

Sworn to and subscribed before me this 4th day of Sept, 2006  
by the members of All American Cleaning, LLC

Personally Known ☒ OR Produced Identification ☐ Type of  
Identification produced \_\_\_\_\_

NOTARY SIGNATURE [Signature]  
My Commission expires \_\_\_\_\_

PAMELA K. MANGAN  
Notary Public, State of Florida  
My comm. exp. Dec. 16, 2006  
Comm. No. DD 172352