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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: Vel	lo Pinnic (Name of Limited	K. Cleonic d Liability Company)	n Jervicos	uc
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.		
Please return all correspondent	ondence concerning this matte	er to the following:		
Vella	a Pinnick	Name of Person)		_
vella	Pinnich	<u>Cleaning</u>	services	LLC
2150	Emerson	St Apt	904 麗 夏	- Cray
Jacks	coulle, j	State and Zip Code)	Y OF STATE PH 1: 06	- B
For further information	concerning this matter, please	call:	DE 6	
Vella I	of Person)	at (Area Code & Daytime T	elephone Number)	
Enclosed is a check fo	or the following amount:			
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fcc, 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 Corporation Clifton Building 2661 Executive Center	ons r Circle	,

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Wella Pinnick Cleaning Sorve UC (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:  Also Emossonst Apt M  Mailing Address:	an in and an
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatures (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual Falsother business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:    Vol C	

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

Title: "MGR" = Manager "MGRM" = Managing Member  MGRM.	Name and Vello Alone 2150	Address:	INDICATE OF THE PROPERTY OF TH	appe T	1232 1232
<u>.                                    </u>			· · · · · ·		
· · · ·			· · ·		911 - 914 -
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(Use attachment if necessary)					
ricle V: Effective date, if other than the don effective date is listed, the date must be r 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member	specific and ca	annot be mo	re than fiv	BURETARY OF STATE  AHASSEE. FLORIDA	, ,
Signature of a member	vi au autuviize(	а тергезениям	YC US A HICHI	vci.	

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)