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(Requestor's Name)		
(Address)		
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(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Custom Cleaning Services UC (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:
Dorothy J. Smith (Name of Person)
Custom Cleaning Services LLC (Prim/Company)
40 Bo Bo J Rd Address)
Crawfordville Fl. 32327 (City/State and Zip Code)
(City/State and Zip Code) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Dorothy J. Smith at (852) 694-2467 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
ρ \$125.00 Filing Fee φ \$130.00 Filing Fee & ρ \$155.00 Filing Fee & ρ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

The name of the Limited Liability Company is:	

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "LC.,")

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	<u>Mailing Address:</u>		
40 Bo Bo J. Rd. Crawfordville Fl. 32327	€ SAME		
Crawfordvil	n Registered Agent. You must designate an i	individual or another O6 NOV 21 AM III	

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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Dorothy J. Smith 40 Bo Bo J. Rd. Crawfordville Fl. 32327
MGRM	Katie Dabney 40 Bo Bo J. Rd Crawfordville Fl. 32327
	O6 NOV
(Use attachment if necessary)	21 AM II: 38 SSEE. FLORI
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be prior to or 90 days after the date of filing.)	

REQUIRED SIGNATURE:

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.)

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)