

607000025727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

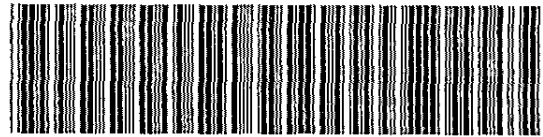
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800090574588

03/07/07--01032--003 **130.00

07 MAR -7 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

3-8
Chist

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GREAT NORTHWEST CLEANERS L.L.C.
(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:

MICHAEL DEEM
(Name of Person)

GREAT NORTHWEST CLEANERS L.L.C.
(Firm/Company)

P.O. Box 16212
(Address)

Panama City FL 32406
(City/State and Zip Code)

FILED
07 MAR -7 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Michael Deem at (304) 483-1227
(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:

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

ARTICLE II - Address:

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

Principal Office Address:

1988 EVA PL.
CHIPLEY FL 32428

Mailing Address:

P.O. Box 16212
Panama City, FL 32406

FILED
07 MAR -7 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MICHAEL DEEM
Name

1988 EVA PL.
Florida street address (P.O. Box NOT acceptable)

CHIPLEY FL 32428
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.

Michael Deem
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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

OWNERSHIP

MGR

TERESA MEDWARDS
3216 James St. Apt B
Panama City, FL 32404

MGRM

LISA A. CAPPIELLO
30 CHELSEA DR.
FT. WALTON BEACH FL 32547

MGRM

DELORIS CHARLENE CASTEELE
8366 GARDENIA CIRCLE #A
PENSACOLA, FL 32534

10/8
07 MAR 2008 AM 11:19
FILED
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:

Michael Deem
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.)

MICHAEL DEEM
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)

Statement of Ownership

For Great NorthWest Cleaners, LLC
This certifies that I, *Jennifer A. Moore* am a member or managing member of.
I own *20* % of the units issued by the LLC listed above.

Affidavit of applicant: I certify that the information contains herein is true and correct to best of my knowledge.

Jennifer A. Moore

Jennifer A. Moore

Date 2/21/07

FILED
07 MAR -7 AM 11:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA