L07000067318

(Requestor's Name)						
(Address)						
(Address)						
(iddioco)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Sasmoss Entry Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Operial instructions to 1 ming Officer.						
·						

Office Use Only



600104543576

06/26/07--01022--025 **155.00

6/25 07

FILED

07 JUN 26 AH 10: 26

SECRETARY OF STATE
AHASSEE, FLORIDA

COVER LETTER

TO:	Registration Se Division of Co							
SUBJE	CT: Strickl	y Clean ing Servic	Ces, LLC d Liability Company)					
The end	closed Articles of	f Organization and fee(s) are s	ubmitted for filing.					
Please return all correspondence concerning this matter to the following:								
_	Monica (Garrison						
-		O	Name of Person)					
Strickly Cleanning Services,LLC								
(Firm/Company)								
208 Massachusetts Woods Lane								
(Address)								
9	Orlando,	Fl. 32824						
(City/State and Zip Code)								
For furt	her information	concerning this matter, please	call:					
Monica Garrison			at (321) 287-25	516				
(Name of Person) (Area Code & Daytime Telephone Number)								
Enclose	ed 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)	\$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 Addre Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons r Circle				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limit	ted Liability Company	is:		
Strickly Clean ing		1. 10 Washington	WICh a MI C P	
(Must end with the words "Li	imited Liability Company, "Lir	nited Company" or their abbreviation	n "LLC," or "L.C.,")	
ARTICLE II - Addr	ess:			
The mailing address a	nd street address of the	principal office of the Lim	ited Liability Compan	ıy is:
Principal Office Add	ress:	Mailing Address:		
208 Massachusetts Wo	oods Lane	Same As Printed on Pri	ncipal Address	
(The Limited Liability Comp	any cannot serve as its own Re	red Office, & Registered A		
business entity with an activ	e Florida registration.)		A SE	3
The name and the Flor	rida street address of the	e registered agent are:	LAF CRE	F1L'
<u>M</u>	onica Garrison		SF S	メデ
Name			HASSEE, F	FILED
20	08 Massachusetts V	Voods Lane	FS	ED
	Florida street a	address (P.O. Box NOT accepta	ble) 윤드	22
<u>Or</u>	lando,	FL 32824	. DA	O' .
	City, State	e, 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Monica Garrison 208 Massachusetts Woods Lane Orlando, Fl. 32824 MGRM Otis Garrison 208 Massachusetts Woods Lane Orlando, Fl. 32824 MGRM Kermitt Graham 208 Massachusetts Woods Lane Orlando, Fl. 32824 MGRM Nicholas Garrison 208 Massachusetts Woods Lane Orlando, Fl. 32824 (Use attachment if necessary) _. (OPTIONAL)

ARTICLE V: Effective date, if other than the date of filing: June 25, 2007 (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:

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.)

Monica Garrison

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)