L07000070786

(Requestor's Name)	_
(Address)	_
(Address)	_
(Audiess)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Dusiless Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7
	┙

Office Use Only



800103807418

07/10/07--01001--001 **160.00

07/09/07

RECEIVED

07 JUL -9 PM 2: 32

DIVISION OF BORROW ATTONION
TALL PHASSEE PLORIDA

B

O7 JUL -9 PM 2: 36
SECKLTARY OF STALL
AHASSEE FLORIG

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	ест: <u>F</u> r	ancis & Fran	cis Jan Hori ted Liability Company)	al Service
The en	closed Articles o	f Organization and fee(s) are	submitted for filing.	
Please	return all corresp	condence concerning this ma	tter to the following:	
	N	eville A.	FRANCIS	
,	Fran	ici39Francis	3 Jantorial -	Service
	1285 N	WITZ TERR	ACE (Address)	TACE
	MIAM		3169 Iv/State and Zip Code)	JUL-9 LAHASS
For furt	ther information	concerning this matter, pleas		PH 2: 36 Y OF STATE EE. FLORI
NEI	VILLE A	FRANCIS of Person)	_ at (<u>365</u>)	1711 Projection of Projection
Enclos	sed is a check fo	or the following amount:	· · · · · · · · · · · · · · · · · · ·	
\$125.	00 Filing Fce	\$130.00 Filing Fee & Certificate of Status	S155.00 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ous r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
Francis & Francis Jantorial Service (Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.")	LLC.	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liab	ility Compa	iny is:
Principal Office Address: Mailing Address:		FCTIVE
1285 NW 172 TER 1285 NW 172 TER MIAMI FL 3316	59_	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's S (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:	7 JUL	П
NEVILLE A. FRANCIS	-9 IARY ASSE	
1285 NW 172 TERRACE Florida street address (P.O. Box NOT acceptable)	PM 2:36 OF STAT E.FLORI	Ö
MIAMI, FL 33169 City, State, and Zip	6 TICA	

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..

Registerea Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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:** dember 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

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee