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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	ı
: Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	T: Deb Zwilling Cleaning Service GLC. (Name of Limited Liability Company)	
The end	osed Articles of Organization and fee(s) are submitted for filing.	
Please r	turn all correspondence concerning this matter to the following:	
-	Debra Zwilling (Name of Person)	
-	Deb Zwilling Cleaning Service (Firm/Company)	
-	635 Missouri Rd. (Address)	
-	Venice M. 34293 Zos (City/State and Zip Code) Zos	·
For furt	er information concerning this matter, please call:	CONTRACT OF THE PARTY.
Del	(Name of Person) at (941) 962-191578 7 (Area Code & Daytime Telephone Number 87 2	n
Enclose	i is a check for the following amount:	
<b>⊒\$</b> 125.0	Filing Fee \$\sum_{\text{S}\text{130.00 Filing Fee & }} \sum_{\text{S155.00 Filing Fee & }} \sum_{\text{S160.00 Filing Fee, }} \text{Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
The name of the Emmed Elaomey Company is.
Deb Zwilling Cleaning Service LLC.  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
b35 Missouri Rd. Venice 71.34293 Venice,71.34293
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:
Debra Zwilling
Name
635 Missouri Rd.
Florida street address (P.O. Box NOT acceptable)
<u>Venicer</u> 34393
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

Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE 7-20-07

(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:

<u>Title:</u> "MGR" = Manage	
"MGRM" = Mana $ \bigcirc $	Debra Zwilling  635 missourikd  Venice, 71.34293
·	
(Use attachment if	necessary) ate, if other than the date of filing: (OPTIONAL)
FICLE V: Effective date is listed to the date of the d	d, the date must be specific and cannot be more than five business days prior
REQUIRED SIG	, , , , , , , , , , , , , , , , , , ,
i	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.)
	Debra Zwilling.  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)