

Division of Corporations

Page 1 of 1

Florida Department of State  
 Division of Corporations  
 Public Access System  
 Electronic Filing Cover Sheet

W07000084590

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H07000207696 3)))



H070002076963ABC4

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
 Fax Number : (850)205-0383

From:

Account Name : COMPUTAX USA INC..  
 Account Number : I20000000254  
 Phone : (727)546-3335  
 Fax Number : (727)546-3365

07 AUG 17 AM 8:56  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

DB

RECEIVED

07 AUG 17 AM 10:21

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**RENEE CLEANING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

H07000207696 3

**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**RENEE CLEANING, LLC**

**ARTICLE II - Address:**

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

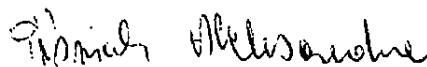
**11260 7th Street East  
Treasure Island FL 33706**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**Aleksandra Plisniak  
11260 7th Street East  
Treasure Island FL 33706**

*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

H07000207696 3

FILED  
07 AUG 17 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H07000207696 3

**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:**

**Manager**

Aleksandra Pisniak  
11260 7th Street East  
Treasure Island FL 33706

**Manager**

Renata Kaptio  
11260 7th Street East  
Treasure Island FL 33706

REQUIRED SIGNATURE:

*Aleksandra Pisniak*

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.)

Aleksandra Pisniak

Typed or printed name of signee

H07000207696 3

FILED  
07 AUG 17 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA