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PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nar	ne)
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration S Division of Co			
SUBJE	ст: Меск	Cleaming (grame of Limite	ed Liability Company)	
The enc	losed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please r	eturn all corresp	ondence concerning this matte	er to the following:	•
-	Harold	M. Mecks Jr	(Name of Person)	
-	Mecks	M. Mecks Jr. Cleaning	(Firm/Company)	
		ir banks Ferry Ct	(Address)	
-	Tall, FC	. 32310 (City	y/State and Zip Code)	
For furt	her information	concerning this matter, please	call:	
			at () (Area Code & Daytime Tele	
	(Name	of Person)	(Area Code & Daytime Tele	ohone Number)
Enclos	ed is a check fo	or the following amount:		
⊒ \$125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing: Foo 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 C	PH 1: 52 E. FLORIDA ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	npany is:			
Meeks Cleaning L.L.C (Must end with the words "Lin	mited Liability Comp	any, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address			iability Compa	ny is:
Principal Office Address:	<u>Mail</u>	ing Address:		
14989 Fairbanks Ferry Ct Tallahassee, FC 32312		<u>me</u>		
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	own Registered Ages	e, & Registered Agent	's Signature: vidual or another	
The name and the Florida street addres	s of the registere	ed agent are:		
Harold H. A	locks Jr Name			
14929 Fairbus Florid	la Fray C+ a street address (P.	O. Box <u>NOT</u> acceptable)		
Tallahasse	e FL lity, State, and Zip	72312		
Having been named as registered agen liability company at the place desig registered agent and agree to act in the all statutes relating to the proper and and accept the obligations of my posi	nt and to accept . nated in this cert his capacity. I fi d complete perfo	service of process for the tificate, I hereby accept urther agree to comply w rmance of my duties, ar	the appointmen with the provision ad I am familiar	nt as ons of with
Registered Age	ent's Signature (RE	QUIRED)	07 OCT -9 SECKLIAR) TALLAHASSI	
(0	CONTINUED)		PH Yür S	
	Page 1 of 2	BETWEEN DATE	1:5	

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mer	Name and Address:
MC7R	Harold M. Meeks Jr 14929 Forbanks Frmy (1 Tallahersee FL 32312
•	
(Use attachment if necessar	y)
LE V: Effective date, if other fective date is listed, the	er than the date of filing: /// / / / / / / (OPTIONAL date must be specific and cannot be more than five busine filing.)
LE V: Effective date, if other fective date is listed, the or 90 days after the date of the REQUIRED SIGNATUR	er than the date of filing: (OPTIONAL date must be specific and cannot be more than five busines of filing.) E: (OPTIONAL date must be specific and cannot be more than five busines of filing.)
ELE V: Effective date, if other effective date is listed, the or 90 days after the date of the Equipment of this documents of this documents of this documents.	er than the date of filing: 10/9/07 (OPTIONAL date must be specific and cannot be more than five busines of filing.)

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