

L08000037/13

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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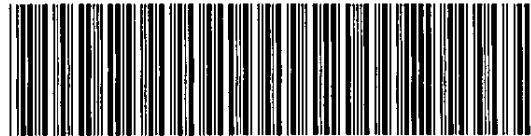
(Business Entity Name)

(Document Number)

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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

08 APR 14 PM 1:53

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 14 PM 2:01

FILED

J. BRYAN

APR 14 2008

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: M&R Cleaning Services of North Florida LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marsha Allen  
(Name of Person)

M&R Cleaning Services of North Florida LLC  
(Firm/Company)

9160 OH Hudson LN  
(Address)

Tallah. FL 32305  
(City/State and Zip Code)

For further information concerning this matter, please call:

Marsha Allen at (850) 459-9644  
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

Enclosed is a check for 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 Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

M&R Cleaning Services of North Florida 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:**

9160 OH Hudson LN  
Talla. FL 32305

**Mailing Address:**

same

**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:

Marsha Allen  
Name  
9160 OH Hudson LN  
Florida street address (P.O. Box **NOT** acceptable)  
Talla. FL 32305  
City, State, and Zip

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*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..*

Marsha J A  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Marsha Allen  
9160 OH Hudson LN  
Talla. FL 32305

MGRM

Wanda Gray  
9160 OH Hudson LN  
Talla. FL 32305

MGRM

Rondell Hackett  
9160 OH Hudson LN  
Talla. FL 32305

MGRM

John Richard Allen  
9160 OH Hudson LN  
Talla. FL 32305

MGRM

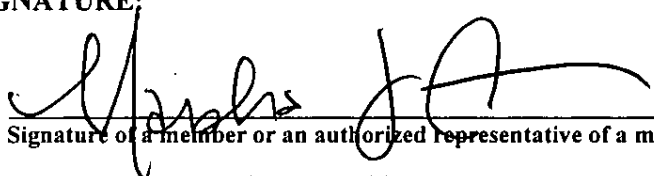
(Use attachment if necessary)

Mark Allen  
9160 OH Hudson LN  
Talla. FL 32305

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

Marsha J. Allen  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)