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SECRETARY OF STATE
ANASSEE, FLORI

COVER LETTER

	on Section f Corporations		
SUBJECT:	Total Profection	ced Liability Company)	vice, LLC
The enclosed Articl	es of Organization and fee(s) are	submitted for filing.	
Please return all cor	respondence concerning this mat	ter to the following:	
	Lisa M. Lar	(Name of Person)	 .
	Total Profec	ficon(Firm/Company)	
<u> </u>	180521	(Address)	
Tall	ahassee, FL 323	, ,	
For further informat	ion concerning this matter, pleas	•	
Lisa	M. Loxastro	at (<u>850</u>) <u>510-53</u> (Area Code & Daytime Tele	
Enclosed is a chec	k for the following amount:	,	,
\$125.00 Filing Fe	ce \$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 Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	:
Total Profection Cleaning Service, LI (Must end with the words "Limited Liability Company," the al "LLC.")	LC breviation "L.L.C.," or the designation
ARTICLE II - Address: The mailing address and street address of the publicability Company is:	rincipal office of the Limited
Principal Office Address:	Mailing Address:
2044 Shangri La Lane Tallahassee. FL. 32303	PO BOX 180524 Tallahassee, FL. 32318
ARTICLE III - Registered Agent, Registered Signature: (The Limited Liability Company cannot serve as its own Regis individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
Brandon L. Padgett	
Name	e
2044 Shangri La Lane	
Florida street address (P.O.	Box NOT acceptable)
Tallahassee, FL. 32303	FL
City, Stat	e, and Zip
Having been named as registered agent and to above stated limited liability company at the please hereby accept the appointment as registered capacity. I further agree to comply with the proper and complete performance of my against the obligations of my position against the obligations of my position against the obligations of my positions of my positions against the obligations of my positions of my positions of my positions against the obligations of my positions of my p	ace designated in this certificate, I d agent and agree to act in this rovisions of all statutes relating to luties, and I am familiar with and
accept the obligations of my position as reg Chapter 608, F.	S Pro
	
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(CONTINUED)	gnature (REQUIRED) AHASSEE, FI
Page 1 of 2	3: 08 FLORID,

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

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

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Lisa M. Lancaster
	2044 Shangri La Lane
	Tallahassee, FL. 32303
MGRM	Brandon L. Padgett
	2044 Shangri La Lane
	Tallahassee, FL. 32303
And the state of t	
	(Use attachment if necessary)
ar in the marker of the state of the	L. L. CCP
LE Y: Effective date, if other than the	he date of filing:
<u> </u>	(OPTIONAL)
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ecti ve dat e: 1) cannot be prior to at is filed by the Florida Departm	(OPTIONAL) o nor more than 90 days after the date the nent of State; <u>AND</u> 2) must be the same a
nt is filed by the Florida Departmetive date listed in the attached	(OPTIONAL) nor more than 90 days after the date th
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

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