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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

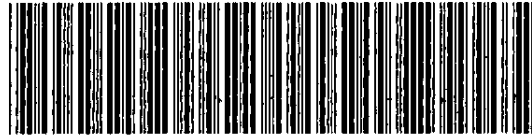
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DIVISION OF CORPORATION  
08 JUN 12 PM 1:45

HUTCHISON, MAMELE & COOVER, P.A.

ATTORNEYS AND COUNSELORS AT LAW

WILLIAM C. HUTCHISON, JR. (1928-1991)  
\* RICHARD L. MAMELE  
STEPHEN H. COOVER

\* BOARD CERTIFIED  
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POST OFFICE BOX 1149

SANFORD, FLORIDA 32772-1149  
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FAX (407) 330-0966

June 9, 2008

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Pollock Cleaning Services, LLC

Ladies/Gentlemen:

Attached please find original Articles of Organization for the above referenced limited liability company, along with my client's check in the sum of \$155.00. Please file and return a certified copy of the Articles to the undersigned.

Should you have any questions, please call.

Very truly yours,



Stephen H. Coover

SHC/mjr  
Enclosures

ARTICLES OF ORGANIZATION  
OF  
POLLOCK CLEANING SERVICES, LLC

ARTICLE I - NAME

The name of the limited liability company is: POLLOCK CLEANING SERVICES, LLC.

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company are: 2854 N. Powers Drive, #101, Orlando, FL 32818.

ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:

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

Jennifer Caverly  
30534 Prestwick Avenue  
Sorrento, FL 32776

*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 property and complete performance of my duties, and I am familiar with any accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

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DIVISION OF CORPORATION  
08 JUN 12 PM 1:45

  
Registered Agent's Signature

**ARTICLE IV - MEMBER(S):**

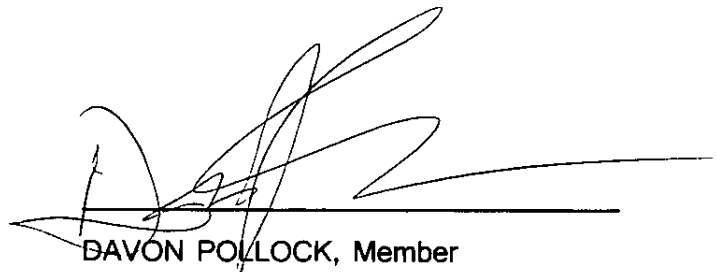
The name and address of each Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
Member	Davon Pollock 2854 N. Powers Drive, #101 Orlando, FL 32818

**ARTICLE V - DURATION**

The duration of the Limited Liability Company shall, unless limited by the terms of any Regulations or Operating Agreement, be perpetual.

IN WITNESS WHEREOF, the undersigned, as a member, has executed the foregoing Articles of Organization on the 6<sup>th</sup> day of June, 2008.

  
DAVON POLLOCK, 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.)

STATE OF FLORIDA  
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 6<sup>th</sup> day of June, 2008 by DAVON POLLOCK, who is ☒ personally known to me or ☐ not personally known to me and produced identification.



  
NOTARY PUBLIC

Notary Public - State of Florida

My Commission Expires: 7/26/09

