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Office Use Only

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**EXAMINER** 



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SECRETARY OF STATE
DIVISION OF CORPORATION

### **COVER LETTER**

TO: Registratio Division of	n Section Corporations		•
SUBJECT: Mich	elle's Cleaning So		
	(Name of Resulting	g Florida Limited Company	)
	Business Entity" into a '		, and fees are submitted to lity Company" in
Please return all co	rrespondence concernir	ng this matter to:	
Lucila Michelle San			
Michelle's Cleaning	(Contact Person)		
Who helie's Clearling	(Firm/Company)		
3051 View Point St	(Address)		
	(Address)		
Deltona, FL 32725	(City, State and Zip Code)		
For further informa	ition concerning this ma	atter, please call:	
Lucila Michelle Sant	os	_at ( 910) 797	-6188
(Name of Co			aytime Telephone Number)
Enclosed is a check	for the following amou	ınt:	
\$150.00 Filing Fee: (\$25 for Conversion & \$125 for Articles of Organization)	\$\int\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	✓\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation

The mailing address and street address of the principal office of the Limited

. ..

**ARTICLE I - Name:** 

**ARTICLE II - Address:** 

Principal Office Address:

Liability Company is:

The name of the Limited Liability Company is:

3051 VIEW POINT ST DELTONA FL 32725	3051 VIEW POINT ST DUTTONA FL 32725
ARTICLE III - Registered Agent, Regi	stered Office, & Registered Agent's
Signature:	-
(The Limited Liability Company cannot serve as its ow	n Registered Agent. You must designate an
individual or another business entity with an active Florida registration.)	_ 9
The name and the Florida street address o	of the registered agent are:
water the	Sandel
<del></del>	Name
3051 View +	Point St.
Florida street address	(P.O. Boy NOT acceptable)

Mailing Address:

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.,

Delfona, Fl. FL 32725
City, State, and Zip

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:

<u>Title:</u> "MGR" = Manager	Name and Address:			
"MGRM" = Managing Member  Mgrm	Lucila Michelle Santo 3051 View Point St. Deltona, FL. 32725			
	(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the da	(Of HOLVIE)			
The effective date: 1) cannot be prior to nor locument is filed by the Florida Department he effective date listed in the attached Certate is listed therein.)	of State; AND 2) must be the same as			
REQUIRED SIGNATURE:	Hols			
Signature of a member of 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.)

Typed or printed name of signee

#### 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)