

LD8000081255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

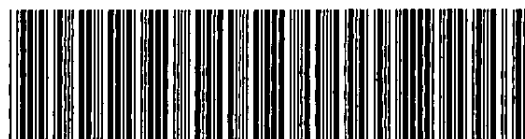
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 AUG 25 AM 11:59

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Katies Cleaning
(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:

Katie L. Raymond
(Name of Person)

Katies Cleaning
(Firm/Company)

2545 Auburn Ave NSB
(Address)

NSB FL 32108
(City/State and Zip Code)

For further information concerning this matter, please call:

Katie Raymond
(Name of Person)
Katie Raymond

at (380) 410-9717
(Area Code & Daytime Telephone Number)
cell #

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:

Katie's Cleaning L.L.C.
(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:

Mailing Address:

2545 AUBURN AVE
NSB FLA
32168

2545 AUBURN AVE
NSB FLA
32168

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:

Katie Raymond
Name

2545 Auburn Ave
Florida street address (P.O. Box NOT acceptable)

NSB FL 32168
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.

X Katie Raymond
Registered Agent's Signature (REQUIRED)

Katie Raymond

(CONTINUED)

Page 1 of 2

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:

Owner/manager

Katie L. Raymond
2545 Auburn Ave
NEB Fla 32168

(Use attachment if necessary)

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:

Katie Raymond

X Katie Raymond

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

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pro Tool Reviews, 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:

Clint DeBoer

(Name of Person)

(Firm/Company)

737 College Avenue

(Address)

Lakeland, FL 33801

(City/State and Zip Code)

For further information concerning this matter, please call:

Clint DeBoer at (**863**) **248-5512**
(Name of Person) (Area Code & Daytime Telephone Number)

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)

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