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(F	Requestor's Name)	
(A	Address)	
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(C	City/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(E	Business Entity Nar	ne)
, (C	Ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	o Filing Officer:	·
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Office Use Only



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J. BRYAN

DEC 3 0 2008

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

•	SUBJECT: Izabella Whitman Cleaning Services, 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:	·			
Izabella Whitman (Name of Person)					
	(Firm/Company)				
	1165 Shenandoah Court	o 2			
	(Address)	THE STATE OF THE S			
	Marco Island, FL 34145	000			
	(City/State and Zip Code)	-0 .			
	For further information concerning this matter, please call:	08 DEC 29 PH 4: 03			
	Izabella Whitman at (239) 216-0014				
	(Name of Person) (Area Code & Daytime Telephone Number)				
	Enclosed is a check for the following amount:				
[\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\text{\$160.00 Filing Fee & Certified Copy}\$\$ (additional copy is enclosed)	us &			
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	pany is:
Izabella Whitman Cleaning S	
(Must end with the words "Lim	nited 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:
1165 Shenandoah Court	Same
Marco Island, FL 34145	
	<u> </u>
	egistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or another of soft the registered agent are:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	own Registered Agent. You must designate an individual or another and so of the registered agent are:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individual or another and so of the registered agent are:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address Izabella Whitm 1165 Shenand	own Registered Agent. You must designate an individual or another of the registered agent are: nan Name loah Court
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address Izabella Whitm 1165 Shenand	own Registered Agent. You must designate an individual or another so of the registered agent are: Name Part Part
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address Izabella Whitm 1165 Shenand	own Registered Agent. You must designate an individual or another so of the registered agent are: Name Coah Court Street address (P.O. Box NOT acceptable)

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..

Registered Agent's Signature (REQUIRED)

(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:

MGRM	Izabella Whitman	
	1165 Shenandoah Court	
	Marco Island, Fl 34145	
MGRM	Robert J. Whitman	
	1165 Shenandoah Court	
	Marco Island, FL 34145	
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		<u>-</u>
(Use attachment if necessary)		•
LE V. Effective date if other than th	ne date of filing:	. (OPTIONAL

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.)

Izabella Whitman / Robert J. Whitman

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)