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## **COVER LETTER**

SUBJECT:     Subject:		TO: Registration Section Division of Corporations
Please return all correspondence concerning this matter to the following:    Ronald Flother	OCVICOS y Company)	
For further information concerning this matter, please call:  Royald Flother  (City/State and Zip Code)  For further information concerning this matter, please call:  Royald Flother  (Area Code & Daytime Telephone Number of State of Stat	for filing.	The enclosed Articles of Organization and fee(s) are
Tall ahassee Fl 32304  (City/State and Zip Code)  For further information concerning this matter, please call:  Ronald Flother  (Name of Person)  (Area Code & Daytime Telephone Numbrille State of Person)  Enclosed is a check for the following amount:  [S125.00 Filing Fee \$ 130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, State of S	ollowing:	Please return all correspondence concerning this ma
Tall ahassee Fl 32304  (City/State and Zip Code)  For further information concerning this matter, please call:  Ronald Flother  (Name of Person)  (Area Code & Daytime Telephone Numbrille State of Person)  Enclosed is a check for the following amount:  [S125.00 Filing Fee \$ 130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, State of S		Ronald Flete
For further information concerning this matter, please call:    City/State and Zip Code   City/S	erson)	
For further information concerning this matter, please call:  Ronald Flower at (850) 322-219487 (Name of Person)  Enclosed is a check for the following amount:  S125.00 Filing Fee \$\Bar{1}\$130.00 Filing Fee & \$\Bar{1}\$\$155.00 Filing Fee & \$\Bar{1}\$\$\$160.00 Filing Fee,	Services pany)	J+R Clea
For further information concerning this matter, please call:  Royald Flower at 850 322-2194577  (Name of Person)  Enclosed is a check for the following amount:  S125.00 Filing Fee \$\Bar{1}\frac{1}{2	re St.	717 W. Dela
For further information concerning this matter, please call:  Ronald Flower at 850 322 - 21945 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	is)	
Ronald Flother at (850) 322-21947.  (Name of Person) (Area Code & Daytime Telephone Number of Person)  Enclosed is a check for the following amount:  [S125.00 Filing Fee [\$130.00 Filing Fee & [\$155.00 Filing Fee & [\$160.00 Filing Fee, ]]	33304	Tallahassee,
Ronald Flother at (850) 322-21947.  (Name of Person) (Area Code & Daytime Telephone Number of Person)  Enclosed is a check for the following amount:  [S125.00 Filing Fee [\$130.00 Filing Fee & [\$155.00 Filing Fee & [\$160.00 Filing Fee, ]]	Zip Code)	(Ci
(Name of Person)  (Area Code & Daytime Telephone Number of State o	PECRE LLAH	For further information concerning this matter, pleas
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	: 35 ORH	Enclosed is a check for the following amount:
(additional copy is enclosed) Certified Copy	ied Copy Certificate of Status &	\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status
(aux-monal copy in choloses)	( and the state of	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	egistration Section vivision of Corporations lifton Building	Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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**ARTICLE I - Name:** 

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The name of the Limited Liability Company is:

17 K Cleaning	Dervices ILL
(Must end with the words "Limited Lighili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
717 W. Delaware St. Talla hassee, Fl 32304	717 W. Delaware St. Tallahassee, Fl 32301
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Konald Fletz	her SSR
Name	E ₽ 3 m
	ware St: Es & D
Florida street addr	ress (P.O. Box NOT acceptable)
Tallahassec	FL 32384_
City, State, ar	ia zip

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)

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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:** 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.) 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)