L0900015394

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special instructions to Filing Officer.			



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Office Use Only

COVER LETTER

	ion Section of Corporations		
SUBJECT: A	s Unto Him (Name of Limite	Cleaning Serv d Liability Company)	ice LLC
The enclosed Artic	eles of Organization and fee(s) are s	ubmitted for filing.	
Please return all co	prespondence concerning this matte	er to the following:	
······································	Michae	Name of Person)	
		Firm/Company)	
		utherland Rd.	
	Lynn H	aven FL 3244 State and Zip Code)	14
For further informa	ation concerning this matter, please	call:	
Micha	el A. Martin Name of Person)	at (<u>\$50</u>) <u>258 - 3</u> (Area Code & Daytime Tel	3729 ephone Number)
Enclosed is a che	ck for the following amount:		
\$125.00 Filing F	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 C	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
As Unto Him Cle (Must end with the words "Limited Liability	aning Service LLC y 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:
2200 Sutherland Rd. Lynn Haven, FL 32444	2200 Sutherland Rd. Lynn Haven, FL 32444
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	
Michael A.	Martin ASS 99 FE
2200 Suff Florida street addr	EU = Z
Lynn Haven City, State, an	ess (P.O. Box NOT acceptable) AFL 32444 d Zip TO THE
liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S
gellent	

(CONTINUED) Page 1 of 2

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM_	Michael A. Martin 2200 Sutherland Rd. Lynn Haven, FL 32444
MGRM_	Cleveland Drayton 1245 Jenks Ave, Apt. B Panama City, FL 32401
MGRM	Jacquelyn Damas 1025 W. 19th St. Apt 11B Panama City, Fl. 32405
(Use attachment if necessary)	
ARTICLE V: Effective date, if other the (If an effective date is listed, the date is or 90 days after the date of filing.)	nust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	Ca Notes
Signature of a	member or an authorized representative of a member.
of this documen that the facts:	with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury stated herein are true.)
Mich	Typed or printed name of signee
Filing Fees:	
A. PETTING A. POTTA	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)