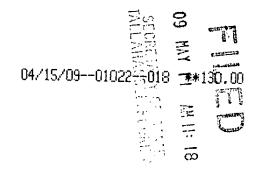
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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL .
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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S. HAWKES

APR 17 2009

EXAMINER

INER (SI)



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 17, 2009

JEANNETTE ALCANTARA 11603 ADDISON CHASE DRIVE RIVERVIEW, FL 33579

SUBJECT: SOUTH SHORE PROFESSIONAL CLEANING SERVICE, LLC

Ref. Number: W09000018115

We have received your document for SOUTH SHORE PROFESSIONAL CLEANING SERVICE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 909A00013007

Suzanne Hawkes Regulatory Specialist II

Division of Cornerations P.O. ROY 6397 Tallahanne Florida 29214

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	South	Shore Profession	al Cleaning	Service
SUBJE			ed Liability Compa	
771	ution than the	50 () 15 ()	1 '* 16 GI'	
		of Organization and fee(s) are		
Please	return all corresp	oondence concerning this mat	ter to the following	
	Jeannette	Alcantara		
•			(Name of Person)	
	South Sho	ore Professional C	leaning Ser	vice
,		** *** * · · · ** · · · · · · · · · · ·	(Firm/Company)	
	11603 Ad	dison Chase Drive)	
			(Address)	The second secon
	Riverview	, FL 33579		
			y/State and Zip Code	·)
For fur	ther information	concerning this matter, please	e call:	
Jear	nette Alca	antara	at (813 .	385-6007
	(Namo	e of Person)	 \	e & Daytime Telephone Number)
Enclos	ed is a check fo	or the following amount:		
		\$130.00 Filing Fee &	Detec on Pills	- F %
L_\$125.	oo riing ree	Certificate of Status	L \$155.00 Filin Certified Cop	
			(additional copy	c is enclosed) Certified Copy (additional copy is enclosed)
		Mailing Address	Street/Co	ourier Address
		Registration Section Division of Corporations		on Section of Corporations
		P.O. Box 6327	Clifton B	uilding
		Tallahassee, FL 32314		cutive Center Circle ee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan		un tu	
The name of the Li	mited Liability Compar	ny is:	
South	Shore Profession	al Cleaning Service, I	L.C
		d Liability Company," "L.L.C.," or "	
ARTICLE II - Ad	dress:		
The mailing addres	s and street address of	the principal office of the L	imited Liability Company is:
Principal Office A	ddress:	Mailing Address:	
C/O: Jeannette A	Icantara	C/O: Jeannette Al	cantara
11603 Addison C	hase Drive	11603 Addison Ch	nase Drive
Riverview, FL 335	579	Riverview, FL 335	79
(The Limited Liability Co	egistered Agent, Regis impany cannot serve as its own active Florida registration.)	stered Office, & Registered n Registered Agent. You must design	d Agent's Signature: nate an individual or another
The name and the F	Florida street address of	f the registered agent are:	
	Jeanne	ette Alcantara	
		Name	- 8
	11603 Add	dison Chase Drive	
	Florida street addres	s (P.O. Box NOT acceptable)	
	Riverview, FL 335	579 _{FL}	
	City, S	State, and Zip	
Having been name	ed as registered agent a	nd to accept service of proce	ss for the above stated limited

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Celso A. Alcantara 11603 Addison Chase Drive Riverview, FL 33579
	200 3 3 1
(Use attachment if necessary) FICLE V: Effective date, if other than the	date of filing: (OPTIONAL)
	e specific and cannot be more than five business days p
	Λ
Signature of a member (In accordance with sec	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.)
Signature of a membe (In accordance with sec of this document const that the facts stated her	ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

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

\$ 5.00 Certificate of Status (Optional)