## 10900097684

(Requestor's Name)
(Address)
(Address)
(0) (0) 4 (2) (0) 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bodament Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500161108225

10/09/09--01003--011 \*\*160.00

RECEIVED

OBOCT -9 AMID: 36

09 OCT -9 AM IO: L SEORE TARY OF SEA TALLAHASSEE, FLOR

TIED

M. THOMAS

OCT 9 2009

EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	ECT: Russell's Connection Uconing Co.  Name of Limited Liability Company	
The en	aclosed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Our Russell Name of Person	
	- Russell's Commercial Meaning Co. Firm/Company	
	4434 Broshort Rd. # 2502 MMT	
	Tollotrossec, FZ 32303  City/State and Zip Code  Of Clean Services Plive. com  E-mail address: (to be used for future annual report notification)	
-	E-mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
	Omor Russell at (\$50 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	77]
Enclos	sed is a check for the following amount:	THE REAL PROPERTY.
]\$125.	.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \$\bigcup \\$155.00 Filing Fee & \$\bigcup \\$160.00 Filing Fee, \$\bigcup \\$Certificate of Status & Certified Copy & Certificate of Status & Certified Copy & Certified	ED
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

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:	
Russell's Commercial Clear (Must end with the words "Limited Liability	Ning [[] Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4434 Georport Rd # 2502 Tallahossec, FL 32303	4434 Gearhart Rd. #2502 Tallahassec, FC 32303
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ed Agent. You must designate an individual or another
The name and the Florida street address of the reg	gistered agent are:
Ouor Rissell Name 4434 Georbort R	
4434 Acorbort R Florida street address (P.O. B	ox NOT acceptable)
Tollatiossee City, State, and	FL 3230X AHASS
liability company at the place designated in this registered agent and agree to act in this capacity.  statutes relating to the proper and complete performs.	cept service of process for the above stated imited so certificate, I hereby accept the appointments  I further agree to comply with the provisions of all commance of my duties, and I am familiar with and ared agent as provided for in Chapter 808, F.S
Registered Agent's Signature	e (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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
BE MEEM	Omor Russell 4434 Geor hort Fd. #2502 Tollohossec, FL 32303
	<del></del>
(Use attachment if necessary)	
effective date is listed, the date must be 0 days after the date of filing.)	date of filing: (OPTIONAL specific and cannot be more than five business days
REQUIRED SIGNATURE:	
Signature of a member	or an authorized representative of a member.
(In accordance with sect of this document constitute that the facts stated here	ion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury in are true.)
- Omor	ed or printed name of signee
Filing Fees:	ed of printed name of signee
	The second secon
\$125.00 Filing Fee for Articles of Organ of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ization and Designation  ASSE -9 AM 10: