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PICK-UP	☐ WAIT	MAIL
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7 IL E D 2009 OCT 26 PM 1: 46 SECRETARY OF STATE

COVER LETTER

•	Corporations		
SUBJECT:	Hayes C	leaning Service L.L.C.	
	Name of Limit	ed Liability Company	
The enclosed Articles	s of Organization and fee(s) are	submitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
	D	eborah Hayes	
 		Name of Person	
	Hayes Ci	eaning Service L.L.C.	2009 TALL
 	,	Firm/Company	우류 응
	6815 F	orestwood Dr West	ZOOS OCT ZO SEURETARY TALLAHASSE
		Address	
		1 5 00044	570
 		eland FL 33811	<u> </u>
	Ci	y/State and Zip Code	10 to
	debha	yes72@yahoo.com	
	E-mail address: (to be used	for future annual report notification)	
For further information	on concerning this matter, pleas	e call:	
Del	borah Hayes	at (863) 646-026	
Nar	ne of Person	Area Code & Daytime Telephone Nu	mber
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certifi	0 Filing Fee, cate of Status & led Copy
			nal copy is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section	Registration Section	
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
	Tallahassee El 32314	2661 Evecutive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan				
The name of the Li	mited Liability Com	pany is:		
(Mı		ning Service L.L.C. ited Liability Company," "L.L.C.," or "LLC.")	<u></u>	
ARTICLE II - Ad				•
The mailing addres	ss and street address	of the principal office of the Limite	d Liability Compai	ny is:
Principal Office Address:		Mailing Address:		
6815 Forestwood	I Dr West	6815 Forestwood Dr W	/est	
Lakeland FL 338	11	Lakeland FL 33811	 	
	Florida street address	gistered Office, & Registered Age own Registered Agent. You must designate an s of the registered agent are: aborah Hayes Name	26 PI ARY OF SSEE, J	
	0045.5		S NATE - LORIDA	
	Florida street address (P.O. Box NOT acceptable)		"Х	
		2014		
	Lakeland FL 3	y, State, and Zip		
liability compa registered agent a statutes relating	ed as registered agen ny at the place design nd agree to act in this to the proper and con	t and to accept service of process for nated in this certificate, I hereby acce s capacity. I further agree to comply nplete performance of my duties, and n as registered agent as provided for	ept the appointment with the provisions I I am familiar with	as of all and

Deforat Hayes

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:

"MGR" = Man "MGRM" = Man	ager anaging Member	Name and Address:	
MGRM		Deborah Hayes	
·		6815 Forestwood Dr West	
		Lakeland FL 33811	
			_ ₂
		<u> </u>	H 3
		T.	2009 OCT
·			<u>~~~</u> ~
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(Use attachmer CLE V: Effective date is left)	e date, if other than th	ne date of filing: October 22, 2009 . (OP) be specific and cannot be more than five busine	FIONAL)
CLE V: Effective date is l	e date, if other than th listed, the date must date of filing.)	ne date of filing: October 22, 2009 (OP) be specific and cannot be more than five busing	₽» TIONAL)
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CLE V: Effective factive date is leading to the days after the	e date, if other than the listed, the date must date of filing.) SIGNATURE: Signature of a member of this document comments and the comments are determined by the comments are determin	be specific and cannot be more than five businesses of a member. Section 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury herein are true.)	₽» TIONAL)
CLE V: Effective factive date is leading to the days after the	signature of a member of this document contract the facts stated h	be specific and cannot be more than five busine May John House ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury	₽» TIONAL)

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)