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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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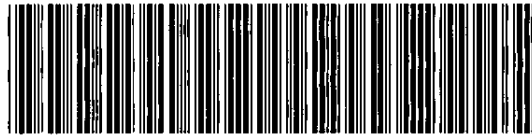
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EFFECTIVE DATE

3/1/10



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FILED  
10 MAR -1 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 02 2010

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: A & A WINDOW CLEANING, LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LISA SHACKLETTE-DELVALLE

Name of Person

A & A WINDOW CLEANING, LLC

Firm/Company

75 JOHN ANDERSON DRIVE

Address

ORMOND BEACH, FL 32176

City/State and Zip Code

AAWINDOWCLEANING@EARTHLINK.NET

E-mail address: (to be used for future annual report notification)

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10 MAR -1 PM 12:05  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LISA SHACKLETTE-DELVALLE

Name of Person

at ( 386 ) 676-2203

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

A & A WINDOW CLEANING, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

75 JOHN ANDERSON DRIVE  
ORMOND BEACH, FL 32176

**Mailing Address:**

75 JOHN ANDERSON DRIVE  
ORMOND BEACH, FL 32176

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

LISA SHACKLETTE-DELVALLE

Name

75 JOHN ANDERSON DRIVE

Florida street address (P.O. Box **NOT** acceptable)

ORMOND BEACH FL 32176

City, State, and 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..*

Lisa Shacklette-DelValle

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 3/1/10

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

LISA SHACKLETTE-DELVALLE

75 JOHN ANDERSON DRIVE

ORMOND BEACH, FL 32176

MGRM

RAFAEL DELVALLE

75 JOHN ANDERSON DRIVE

ORMOND BEACH, FL 32176

\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 3-1-2010 (OPTIONAL)

(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:**

Lisa Shacklette-Del Valle  
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.)

LISA SHACKLETTE-DELVALLE

Typed or printed name of signer

**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)**

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TALLAHASSEE, FLORIDA