

LIUUU042686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

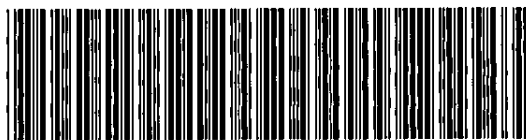
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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04/22/10--01005--001 **130.00

RECEIVED
10 APR 21 PM 4:47
DEPT. OF STATE
DIVISION OF CORPORATIONS
FALLS CHURCH, VA 22034

FILED
10 APR 21 PM 4:53
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR
APR 21 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Rutledge Janitorial, 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:

Jennifer E. Williams

Name of Person

Firm/Company

1477 Capital Circle NW

Address

Tallahassee, Florida 32303

City/State and Zip Code

nishia66@hotmail.com

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

10 APR 21 PM 4:53
DIVISION OF CORPORATIONS
SECRETARY OF STATE

For further information concerning this matter, please call:

Jennifer E. Williams at (850) 251-1289

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rutledge Janitorial, 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:

Mailing Address:

1477 Capital Circle NW, Tallahassee, Florida 32303

1477 Capital Circle NW, Tallahassee, Florida 32303

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:

Lorenza Rutledge

Name

1477 Capital Circle NW

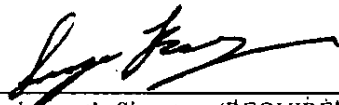
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee, FL 32303

City, State, and Zip

10 APR 21 PM 14:53
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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)

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:

<u>MGR</u>	<u>Lorenza Rutledge</u> <u>1477 Capital Circle NW</u> <u>Tallahassee, Florida 32303</u>
<u>MGR</u>	<u>Vickie Rutledge</u> <u>1477 Capital Circle NW</u> <u>Tallahassee, Florida 32303</u>
<u>MGRM</u>	<u>Leona Ross</u> <u>1356 Ocala Road-C</u> <u>Tallahassee, Florida 32304</u>
<u> </u>	<u> </u>
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(Use attachment if necessary)

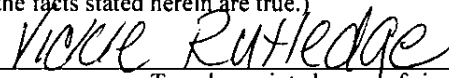
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)



Typed or printed name of signee

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)