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Special Instructions to Filing Officer:

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COVER LETTER

TO: Registration S Division of Co						
SUBJECT:	Mevald Dela Name of Limit	and Clear ed Liability Company	ung "	Service	シレ	L(
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.				
Please return all corresp	ondence concerning this mat	ter to the following:				
	Pamela E	BURKETT				
		Name of Person		SECRE	10 JU	ال الم
		Firm/Company		22		" parkers "
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	allahassee,	Address FL 3230	8	FLORID	. .	· ·
l	Meral de la M E-mail address: (to be used)	y/State-and Zip Code Multiple Code for future annual report notified	LOW (ication)	l		
For further information	concerning this matter, pleas	e call:				
Fam Bu	RKETT of Person	at (460) 46 Area Code & Day	11 - 76 viime Telepho	one Number	-	
Englosed is a check for	or the following amount:					
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee Certified Copy (additional copy is enc	losed) (160.00 Filing Certificate of S Certified Copy additional copy is	tatus &	
	Mailing Address Registration Section	Street/Courier Registration Sec				

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:
EMERALD Delany Eleaning Service LLC (Must end with the words "Limited Hability Company, "L.L.E.") 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:
1900 Centre Pointe Blvd 1900 centre Pointe Blvd Patrahassee, FL 32306 Tatrahassee, FL 32308
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: ANUA DURKET ASS 1900 Cantap, Fointe, RIVA #262 Emergence 1900 Cantap, Fointe, RIVA Emergence 1900 Cantap, RIV
Florida street address (P.O. Box NOT acceptable)

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

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)