L10000062624

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
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06/11/10--01003--025 **125.00



B. KOHR

JUN 1 1 2010

EXAMINER

COVER LETTER

TO: Registration Division of C	Section orporations		
SUBJECT: 15	T Class Clean, Name of Limi	ing Solution of Interest to the following:	Vorth Floridge St.
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	*
Please return all corres	pondence concerning this mat	tter to the following:	3
Vaccar	OA. ERVIN		
	•	Name of Person	
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
. 🜙 .		Firm/Company	
1763	Lonnie R	d	
Tallah Mrallin	2000 Ogm	32308 ty/State and Zip Code 4.1.Com for future annual report notification)	
	concerning this matter, please		
,	-	at (856) 447 · /(Area Code & Daytime Telep	ohone Number
Enclosed is a check f	or 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 C Tallahassee, FL 32301	



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

15T Class Cleaning Solution of North Flor.da LLC
(Must end with the words "Limited Pability 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:
1763 Lonnie Rd	4406 NW State Rd 270
1763 Lonnie Rd Tullahassee, FL 32308	4406 NW State Rd 270 Br. stol, FL 32321
	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
business entity with an active Florida registration.)	
business entity with an active Florida registration.) The name and the Florida street address	of the registered agent are:
business entity with an active Florida registration.) The name and the Florida street address	of the registered agent are:
business entity with an active Florida registration.)	of the registered agent are:
business entity with an active Florida registration.) The name and the Florida street address	of the registered agent are: Evvi's Name
business entity with an active Florida registration.) The name and the Florida street address Vaccoro A 1763 Loon!	of the registered agent are: Evvi's Name

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mem	Name and Address:
MGR	Vaccors A. Ezvino 1763 Lonnie Rd Tullahassee FL 32306
	711 Lange F1 3230C
	(allanasse + + = 5270 &
<u> </u>	
(Use attachment if necessary))
•	
LE V: Effective date, if other	than the date of filing:, (OPTION.
(Use attachment if necessary) LE V: Effective date, if other fective date is listed, the date days after the date of filing.)	than the date of filing:, (OPTION e must be specific and cannot be more than five business da
LE V: Effective date, if other fective date is listed, the date	than the date of filing:, (OPTION e must be specific and cannot be more than five business da
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LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE	than the date of filing:
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE	than the date of filing:
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE Signature of (In accordance of this document)	than the date of filing:

\$125.00 Filing Fee for Articles of Organization and Designation

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

6-11-10

I will not revoke the Dissolution of 15T Class Cleaning Solutions of North Florida LC Doc#L08000058280