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T. CLINE

JUN 29 2010

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Co	orporations		
SUBJECT: TSD CO	mmercial & Residential	Cleaning Services, LLC	
SUBJECT:		ed Liability Company	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	ter to the following:	· .
Tommyzenia	Williams		
		Name of Person	
TSD Comme	rcial & Residential Cleani	ng Services, LLC	
-,,		Firm/Company	
2665 Myrtle A	venue		
		Address	32 C311
Mims, Florida	32754		CRET
	Cit	y/State and Zip Code	28 ARY SSE
tsd32147@ya			mo p
For further information	E-mail address: (to be used i	for future annual report notification) e call:	CRETARY OF STATE LAHASSEE. FLORID
	•		
Tommyzenia Willia	ms	at (321) 225-1736	
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for	or the following amount:	y.	
□\$125.00 Filing Fee	2\$130.00 Filing Feé & 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)
	M-41: A.J.J.	Stand (Couries Address	

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:

TSD Commercial & Residential Cleanin (Must end with the words "Limited Liab	
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
TSD Commercial & Residential Cleaning Services, LLC	TSD Commercial &Residential Cleaning Services, LLC
2665 Myrtle Avenue	2665 Myrtle Avenue
Mirns, Florida 32754	Mims, Florida 32754
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the Tommyzenia Williams Name 2665 Myrtle Avenue	registered agent are:
riorida street ad	idress (P.O. Box <u>NOT</u> acceptable)
Mims,	FL 32754
City, S	tate, and Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

MGR	Tommyzenia Williams	
	2665 Myrtle Avenue	
	Mims, Floria 32754	
	•	
		
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		<u>627</u> − ∞
(I (so attachment if managem)		FLOR
(Use attachment if necessary)		~~ <u>-</u>
LE V: Effective date, if other than t		(OPTIONĂL
fective date is listed, the date mus days after the date of filing.)	t be specific and cannot be more than five b	usiness days
		•
REQUIRED SIGNATURE:		

(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.)

Tommyzenia Williams

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)