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TALLAHASSEE, FLORID

T. CLINE

JUL 20 2010

**EXAMINER** 

## **COVER LETTER**

· TO:

TO: Registration Section Division of Corporations
SUBJECT: I G JANITORIAL SERVICE 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:
GEOFFERY R. SCARIETT  Name of Person  I D JANITORIA! SERVICE LLC  Firm/Company
3141 N. W 47 TERRACE # 431
City/State and Zip Code  City/State and Zip Code  16 JANITORIAL SVC Q ADL COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call:  GEOFFERY SCAR JETT at (954) 214-1862 AFF STAR Dayline of Person Area Code & Daytime Telephone Number STAR DAYLING TO THE PROPERTY OF THE PROPERT
Enclosed is a check for the following amount:
□\$125.00 Filing Fee  □\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee, ○ Certificate of Status
Mailing Address Street/Courier Address

Registration Section
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:

1 D JANITORIAL SEX	RVICE LLC
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principle.	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3141 N.W 47 TERR #431 AUDER dAJE LAKES FLORIDA 33319	3141 N.W HT TERRHY31 LAUDENDAIG LAKES FLORIDA 33319
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registations) business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
GEOFFERY R. Name	Scacle 77 FLORE STATE OF STATE
3/4/ N·W 47 TER Florida street add	ress (P.O. Box NOT acceptable)
LANDERDALE LAKES	• •

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 Member	Name and Address:
<u>"MGR"</u>	GEOFFERY-R. SCARLETT 3141 N.W 147 TERR # 431 LONDERDALE LAKES FL 33319
"MGRM"	CHARMAINE R. FRANCIS 3141 N.W 47 TEAR # 431 LANDENDALE LAKE, FL 33319
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the d If an effective date is listed, the date must be o or 90 days after the date of filing.)	late of filing: 8/1/10 . (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	ASSEE.
Signature of a member	or an authorized representative of a member.
(In accordance with section of this document constituent that the facts stated here	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury
CAEOFFERY Type	$\frac{R}{R}$ SCAR/E TT ed or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Organ of Registered Agent \$ 30.00 Certified Copy (Optional)	ization and Designation

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

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

\$ 5.00 Certificate of Status (Optional)