L1100000a1395

(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.	
A. LUNT	
FEB 1 8 2010	

Office Use Only

EXAMINER



900194165949

02/17/11--01036--003 **125.00

SECRETARY OF STATE ALLAHASSEE, FLORIBA

COVER LETTER

	Registration S Division of Co			
SUBJEC	т.	R White Cle	aning Services LLC	
SOLUCIO			ed Liability Company	
The enclo	sed Articles o	of Organization and fee(s) are	submitted for filing.	
Please ret	urn all corresp	condence concerning this matt	ter to the following:	
_		R	oosevelt White	
			Name of Person	2011 I
		R White 0	Cleaning Services LLC	AAR FEB
			Firm/Company	多美。 二
		136	646 Laraway Dr	FEB 17 PM 3: 48 ORE ARY DE STATE LAHASSEE, FLORID
			Address	<u> </u>
		Div	aniou El 22570	Ş iri 5
_			erview, FL 33579 y/State and Zip Code	
			clean@gmail.com	
		E-mail address: (to be used to	for future annual report notification)	
For furthe	r information	concerning this matter, please	e call:	
	Roosey	velt White	at (813) 270-7371	
		of Person	Area Code & Daytime Telep	hone Number
Enclosed	is a check fe	or the following amount:		
_	Filing Fee	□\$130.00 Filing Fee &	□ \$155.00 Filing Fee & □	\$160.00 Filing Fee,
- \$125.00	Timig rec	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address	Street/Courier Address	
		Registration Section Division of Corporations	Registration Section Division of Corporations	
		P.O. Box 6327	Clifton Building	
		Tallahassee, FL 32314	2661 Executive Center Ci	ırcle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name: ne name of the Limited Liability Company is:			
R White Cleaning	g Services LLC		
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
13646 Laraway Dr	13646 Laraway Dr		
Riverview, FL 33579	Riverview, FL 33579		
business entity with an active Florida registration.) The name and the Florida street address of the Roosev	the registered agent are: /elt White		
	away Drive		
	et address (P.O. Box NOT acceptable)		
Rivervi Cit	ew FL 33579 y, State, and Zip		
registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S		
(CO	NTINUED)		

Page 1 of 2

<u>Title:</u>	Name and Address:	2011 FEB
"MGR" = Manager		28 €
"MGRM" = Managing Member		B -
		7 SSF SSF
MGRM	Roosevelt White	<u> </u>
	13646 Laraway Dr	<u> </u>
	Riverview, FL 33579	
		5
(Use attachment if necessary)		
(
CLE V: Effective date, if other than the	date of filing:	(OPTIONA)
	e specific and cannot be more than fi	
	-	·
0 days after the date of filing.)		
0 days after the date of filing.)		
	4	
0 days after the date of filing.)		
0 days after the date of filing.)	D (a) 1 A	
0 days after the date of filing.) REQUIRED SIGNATURE:	all A	
0 days after the date of filing.) REQUIRED SIGNATURE:	er or an authorized representative of a mer	nber.
0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with se	ction 608.408(3), Florida Statutes, the execut	ion
O days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document const	ection 608.408(3), Florida Statutes, the executivities an affirmation under the penalties of pe	ion
days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with se	ection 608.408(3), Florida Statutes, the executivities an affirmation under the penalties of pe	ion
REQUIRED SIGNATURE: Signature of a member of this document const that the facts stated he	ection 608.408(3), Florida Statutes, the executivities an affirmation under the penalties of pe	ion

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

Filing Fees:

\$ 5.00 Certificate of Status (Optional)