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TALLAHASSEE, FLORIDA

**B. BOSTICK** 

FEB 2 4 2011

**EXAMINER** 

## **COVER LETTER**

Division of Corpora	tions		
SUBJECT: Signa	Name of Limited Crab	LLC.	
The enclosed Articles of Orga	nization and fee(s) are submitt	ed for filing.	
Please return all corresponder	ice concerning this matter to the	e following:	
Rob	pert Poling J	of Person	
Signat	-uca Cleaning L	LC ,	TALL SE
	E 44th ST	dress	HASSI
Ocala,	· · ·		11 FEB 23 PH 12: 46 SE ALLAHASSIE, FLORIC
<u>rpoling l</u>	FL 34479 City/State a Ol@gmail.c	e annual report notification)	DA 5
For further information conce			
Robert Po	at (_	352 895 Area Code & Daytime Telep	- 1245 hone Number
Enclosed is a check for the \$125.00 Filing Fee \$13	30.00 Filing Fee & S1: ertificate of Status Ce	55.00 Filing Fee & ertified Copy ditional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.C	niling Address gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Signature Cleaning, LLC.  (Must end with the words "Limited Hability 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:
2320 NE 44th ST 2320 NE 44th ST Ocala FL 34479 Ocala FL 34479
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:
Robert Poling Name  Robert Poling Name
2320 NE 44th ST
Florida street address (P.O. Box NOT acceptable)  Oculor FL 34479
Ocala FL 34479 City, State, and Zip
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

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Robert Poling 2320 NE 44# ST Ochia FL 34479	
<del></del>	SEDICITION OF THE PROPERTY OF	9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
<del></del>	PH 2: L	<b>1</b>
(Use attachment if necessary)	Dri 6	
	date of filing: (OPTIONAL) e specific and cannot be more than five business days pr	ior
REQUIRED SIGNATURE:	212101	
Signature of a member	er 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)