

L110000625363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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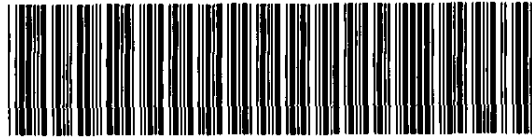
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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T. HAMPTON

MAR - 1 2011

EXAMINER

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2011 MAR - 1 PM 1:40  
FILED  
11 MAR - 1 PM 3:50  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ShanORae Cleaning 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:

Rachel R Hollingsworth-Beal  
Name of Person

ShanORae Cleaning service LLC  
Firm/Company

P.O. Box 13272  
Address

Tallahassee FL 32317  
City/State and Zip Code

rhollingsworth200@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachel Hollingsworth at 850 596 4517  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for 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 Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Shannon Rae cleaning service LLC  
(Must end with the words "Limited Liability 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:

3380 Fred George Rd #203  
Tallahassee, FL 32303

Mailing Address:

P.O. Box 13272  
Tallahassee, FL 32317

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:

Shannon Tucker-Diaz  
Name  
3380 Fred George Rd #203  
Florida street address (P.O. Box NOT acceptable)  
Tallahassee FL 32303  
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.,

Shannon Tucker-Diaz  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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11 MAR - 1 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

mgrm

MGRM

Name and Address:

Rachel R Hollingsworth Beal  
2660 W Point Ln #A  
Tallahassee FL 32308

Shannon Tucker-Diaz  
3380 Fred George Rd #203  
Tallahassee, FL 32303

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3-1-11 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Rachel R. Hollingsworth - Beal

Signature of a member 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.)

Rachel R Hollingsworth Beal

Typed or printed name of signer

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)

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11 MAR -1 PM 5:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA