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Effective Date 5-5-11

FILED 2011 MAY 10 PM 2: 04 SECRETARY-OF STATE

J. SAULSBERRY EXAMINER MAY 11 2011

COVER LETTER

TO: Registration Division of C	Section Corporations			
SUBJECT:	PAUEAKY CLEAN, Name of Limited L	WE CONTRACT	Sarvices	LLC.
The enclosed Articles	of Organization and fee(s) are sub-	mitted for filing.		
Please return all corre	spondence concerning this matter to	o the following:		
HESI	RICK FERGUSE	ne of Person		
Squ	EAKY CLEANING	CONTRACT SC m/Company	ERVICES	
2821	49 Th ST. W.		TAL	201
	IGH ACRES City/Sta AKY CLEAN 2 D E E-mail address: (to be used for fi	Address FZORIDA 339 ate and Zip Code	RETARY OF	MAY 10 PH
SQUE	AKY CLEAN 2 D E	mBAREMAIL - Cuture annual report notification)	om FESTA	P# 2: 0
For further informatio	n concerning this matter, please cal	1:	D.	7
HESRICK	FERGUSOV at	(<u>239</u>) <u>994</u> — Area Code & Daytime Tele	0579 phone 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 Fe Certificate of Statu Certified Copy (additional copy is end	ıs &
	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 C Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C.," or "LLC.")
f the Limited Liability Company is:
ress:
E AS OFFICE
1

business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:

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 at

Florida street address (P.O. Box NOT acceptable)

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..

Registered Agent's Signature (REQUIRED)

(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:

MGR	HESRICK FERGUSON 2621 49Th ST. W LEHIGH ACRES. FL. 33971
	WILL STE
	ZOII
	HAY IO
(Use attachment if necessary)	CORMO CORMO
LE V: Effective date, if other than th	e date of filing: 5/5/11 .(OPTIONAL

REQUIRED SIGNATURE:

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.)

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)