1110000069102

(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:
MAY 2 6 2010
EXAMINE

Office Use Only



900199474739

03/28/11--01037--014 **130.00

2011 MAY 25 PM 12: 4.8



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 30, 2011

ERODA FILS-AIMA 990 S CONGRESS AVE. SUITE 4 DELRAY BEACH, FL 33445

SUBJECT: HEAVENLY CLEANING SERVICES, LLC

Ref. Number: W11000018072

We have received your document for HEAVENLY CLEANING SERVICES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 411A00007745

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

	ion Section of Corporations		
SUBJECT: HU	IMILITY CLEANING	SERVICES, LLC	
		ed Liability Company	
The enclosed Artic	eles of Organization and fee(s) are	submitted for filing.	
Please return all co	orrespondence concerning this mat	ter to the following:	
	EROD	A FILS-AIMA	201
		Name of Person	F F
HUMIL	LITY CLEANING SE	ERVICES, LLC	MAY 25
		Firm/Company	°. د تنا
990 S	CONGRESS AVE, S	SUITE 4	PH 2:
<u> </u>		Address	53 6
DELRA'	Y BEACH, FL 33445		·
		ty/State and Zip Code	1 -
SPEED	Y1040EZ@YAHOO.CO		
	E-mail address: (to be used	for future annual report notification)	
For further informa	ation concerning this matter, pleas	e call:	
ERODA FILS	S-AIMA	_at (561) 853-7011	
N	Name of Person	Area Code & Daytime Telep	phone Number
Enclosed is a che	ck for the following amount:		
]\$125.00 Filing Fee	**Sectificate 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:

HUMILITY CLEANING SERVICES, 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:	Mailing Address:	
990 S CONGRESS AVE	990 S CONGRESS AVE	
SUITE 4	SUITE 4	
DELRAY BEACH, FL 33445	DELRAY BEACH, FL 33445	
990 S CONGRE	Registered Agent. You must designate an individu	And the second s
Cit	ty, 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	LLAHASSEL FLOR
MGR	ERODA FILS-AIMA	25
-	6563 SLEEPY WILLOW WAY	57
	DELRAY BEACH, FL 33484	
 		
		
(Use attachment if necessary) LE V: Effective date, if other than t	he date of filing:	(OPTIONA
LE V: Effective date, if other than t fective date is listed, the date must days after the date of filing.)	he date of filing: t be specific and cannot be more than five	(OPTIONA ve business day
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	he date of filing: t be specific and cannot be more than five ODA - 1/5- Alma aber or an authorized representative of a mem	e business day
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a memory of the following statement of	DA FUS-Almiz	nber. s document herein are true.
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a memory of a mem	the specific and cannot be more than five the specific and cannot be more than five the specific and cannot be more than five the specific and cannot be specific and statutes, the execution of this determines the submitted in a document to the Department only as provided for in s.817.155, F.S.) RODA FILS-AIMA	nber. s document herein are true.
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a memory of a mem	be specific and cannot be more than five the specific and statutes, the execution of this der the penalties of perjury that the facts stated his formation submitted in a document to the Department only as provided for in s.817.155, F.S.)	nber. s document herein are true.