

L110000063296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

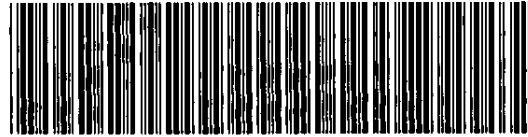
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Clement GAV.
AUTHORIZATION BY PHONE TO
CORRECT-remove conv. sole prep
DATE -ADD eff date
DOC. EXAM. 5/31/11

Office Use Only



200208192542

05/27/11--01022--004 **185.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 27 AM 10:43

W. Culligan MAY 31 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sheryl's Office Cleaning Service L.L.C.
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

Sheryl D. Richardson

(Contact Person)

Sheryl's Office Cleaning Service

(Firm/Company)

1717 Hawkins Cove Drive West

(Address)

Jacksonville, FL 32246

(City, State and Zip Code)

sheryld@sherylcleaningservice.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Clement A. Richardson

at (904) 652-9638

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☒ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sheryl's Office Cleaning Service L.L.C.

(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:

1717 Hawkins Cove Drive West
Jacksonville, FL 32246

Mailing Address:

1717 Hawkins Cove Drive West
Jacksonville, FL 32246

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:

Clement A. Richardson

Name

1717 Hawkins Cove Drive West


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

Jacksonville, FL 32246

City, State, and Zip

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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)

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

Name and Address:

MGR

Sheryl D. Richardson
1717 Hawkins Cove Drive West
Jacksonville, FL 32246

MGR

Clement A. Richardson
1717 Hawkins Cove Drive West
Jacksonville, FL 32246

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 1, 2011 (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:

Sheryl D. Richardson
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.)

Sheryl D. Richardson

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)

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