L11000077663

(Requestor's Name)
(Address)
(Address)
(Hadioss)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
,
Special Instructions to Filing Officer:
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Office Use Only



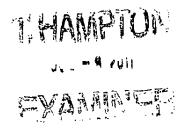
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07/05/11--01011--004 **130.00

Effective Date 7/1/11

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SECRETARY OF STATE DIVISION OF CORPORATIONS



COVER LETTER

	on Section f Corporations		
SUBJECT: SM	R Cleaning Service	es LLC	
		ted Liability Company	
The enclosed Article	les of Organization and fee(s) are	submitted for filing.	
Please return all con	rrespondence concerning this mat	ter to the following:	
Scott F	Hudson		
		Name of Person	
SMR C	Cleaning Services L	LC	
		Firm/Company	
20103	Natures Hike Way		
		Address	
Tampa,	Florida 33647		
		ty/State and Zip Code	
Shuds9@	Daol.com F-mail address: (to be used)	for future annual report notification)	
For further informa	tion concerning this matter, pleas	·	
		e e e e e e e e e e e e e e e e e e e	
Scott HUdson		_at (727	V
N	ame of Person	Area Cara	Co r
Enclosed is a chec	ck for the following amount:	11	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Stanton Scripton
	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	9 .

Effective Date 7/1/11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
SMR Cleaning Services LLC.				
(Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
20103 Natures Hike Way Tampa, Florida 33647	PO Box 47796 Tampa Florida 33646			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the registration.	stered Agent. You must designed in the Victor or another			
Scott Hudson				
Name	The fall			
20103 Natures H	ike All			
Florida street add				
Tampa	FI 3364			
	ate, and Zip			
Having been named as registered agent and to liability company at the place designated in tregistered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regional.	this certificate, I he is the complete appointment of the last of			
Registered Agent's Signa				
(CONTIN	TYRY OF STA			
Page 1 of	2: RATAI			

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

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

Name and Address:
Scott Hudson
20103 Natures Hike way
Tampa, Florida 33647
Toni Hudson
20103 Natures Hike way
Tampa, Florida 33647

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 07/10 (If an effective date is listed, the date must be specific and to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized represent

(In accordance with section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury that the facts statuted I am aware that any false information submitted in a document to the Dept. constitutes a third degree felony as provided for in s.817.155, F.S.)

Scott HUdson

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)

DIVISION OF CORPORATIONS