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B. BOSTICK
SEP - 2 2011

EXAMINER

COVER LETTER

TO: **Registration Section Division of Corporations**

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SUBJECT: BAXTER'S CLEANING SERVICE

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:

PATRICIA BAXTER		
Name of Person		
BAXTER'S CLEANING SERVICE		
Firm/Company		
728 WEST AVE #119		
Address		
COCOA, FLORIDA, 32927	TAL St	
City/State and Zip Code	LAN SE	-
PATRICIA@BAXTERSCLEANINGSERVICE.COM	AS	ner er
E-mail address: (to be used for future annual report notification)		} ™
For further information concerning this matter, please call:		1
	PH I2: 40	**.
PATRICIA BAXTER	<u>87</u> 5	
Name of Person Area Code & Daytime Telephone Number	***	
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified C	of Status &	

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	١	RTI	CI	Æ	i - 1	Na	m	P	٠
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The name of the Limited Liability Company is:

BAXTER'S 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:	Mailing Address:	
4909 NORTH US 1	728 WEST AVENUE #119	
COCOA, FLORIDA	COCOA, FLORIDA	
32927	32927	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Repusiness entity with an active Florida registration.) The name and the Florida street address of the PATRICIA BAXTER Nam	e registered agent are:	or of the second
5700 FRIENDLY	i i i i i i i i i i i i i i i i i i i	**************************************
Florida street a		3 \$ 8
COCOA	address (P.O. Box NOT acceptable) FL 32927 State, and Zip	A STATE OF THE STA
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..

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:

"MGR" = Manager "MGRM" = Managing Member	
MGRM	PATRICIA BAXTER 5700 FRIENDLY STREET COCOA, FLORIDA, 32927
	
	TALLAHAS
	SEE OF STANFORM
(Use attachment if necessary)	A A
LE V: Effective date, if other than the factive date is listed, the date must days after the date of filing.)	he date of filing: (OPTION be specific and cannot be more than five business d

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.)

PATRICIA BAYTER
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)