111000/04/33

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Filone #;
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W110001#3591

Office Use Only



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SIGRETARY OF STATE
ALLAHASSEE, FLORIDA

D. BRUCE

SEP 12 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 22, 2011

LINDA FREDERICK 111-STRAWBERRY RIDGE BLVD. VALRICO, FL 33594

SUBJECT: CLEANING CHICKS Ref. Number: W11000043591

We have received your document for CLEANING CHICKS and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

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 amend your document accordingly.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 611A00019598

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ALLAHASSEF, FLORIDA

COVER LETTER

TO:		on Section f Corporations			
SUBJE	CT:	Cleaning CH Name of Limited I	Liability Company		
The enc	closed Articl	es of Organization and fee(s) are sub	mitted for filing.		
Please r	eturn all cor	respondence concerning this matter t	o the following:		
	1	INDA FREDERICK			
_		Na Na	me of Person		-
-	(Deaning CHICK	S. LLC		-
_	1	11 Strawberry E	_	MLL.	
		J	Address	AHA F	l Carl
_	\	VALRICO, FL 3	3594	BASSES BASSES	
-	lin	VALRICO, FL 3 City/St dy 48@ tampaba E-mail address: (to be used for f	ate and Zip Code Viure annual report notification)	OF STATE	· (
For furt		ion concerning this matter, please ca		هنڌ	
h	nda Na	Frederick at	(813) 767-31 Area Code & Daytime Teleph	95	
		k for the following amount:	,		
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	
		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 Cir	cle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
(Must end with the words "Limited Habili	HICK LLC ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
111 Strawberry Ridge Blod VALRICO, FL 33594	III Strauberry Ripge BlvD VALRICO, FL 33594
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Linda Frei	DERICK AHASS
	ress (P.O. Box NOT acceptable) FL 33594 Ite, and Zip
Cîty, Sta	te, 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>"N</u>	i tle: //GR" = Manager //GRM" = Managing Member	Name and Address:		
	MGRM	Linda Frederick 111 Strawberry Ridge Blvd VALRICO, FL 339914	- - -	
_			<u>-</u> - -	
			- -	
	se attachment if necessary)		- - -	
ARTICLI (If an effe	E V: Effective date, if other than th	be specific and cannot be more than five business)NAL) days prio	r
<u>R)</u>	EQUIRED SIGNATURE:	Der or an authorized representative of a member.	11 SEP -9	Post of the second
	(In accordance with section 60 constitutes an affirmation und I am aware that any false info	08.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true remation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)	f. (T
	Line	Da Frederick Typed or printed name of signee		
	Filing Fees:			

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

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)