

L11000134398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

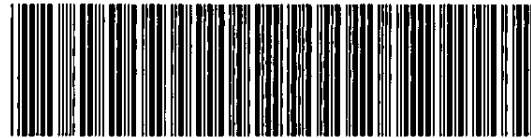
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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11/14/11--01047--008 **160.00

EFFECTIVE DATE 11-15-11

FILED
11 NOV 14 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV 29 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANOINTEDHANDZ CLEANING
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:

JANAN HAMILTON

Name of Person

ANOINTEDHANDZ CLEANING

Firm/Company

2557 EVERLETH DR

Address

LAKELAND, FLORIDA 33810

City/State and Zip Code

ANOINTEDHANDZ@TAMPABAY.RR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JANAN HAMILTON

Name of Person

at (863) 206-4128

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate 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

FILED
11 NOV 16 AM 11:07
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ANOINTEDHANDZ CLEANING 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:

2557 EVERLETH DR
LAKELAND, FLORIDA 33810

Mailing Address:

2557 EVERLETH DR
LAKELAND, FLORIDA 33810

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:

LAURA ROLLINS

Name

724 EAST FINDLEY AVE

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

EAGLELAKE FL 33839

City, State, and Zip

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TALLAHASSEE, FLORIDA

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

LAURA ROLLINS
724 EAST FINDLEY AVE
EAGLELAKE, FLORIDA 33839

MGRM

BEN MCCLAIN
1790 WESTERN HILLS LANE
MASCOTTE, FLORIDA 34753

MGRM

JAMES JOHNSON III
501 SIDNEY CIRCLE
WINTERHAVEN, FLORIDA 33880

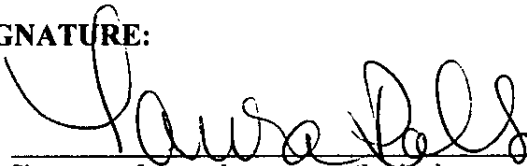
MGRM

RONNIE HILL
577 TERRANOVA CIRCLE
WINTERHAVEN, FLORIDA 33884

(Use attachment if necessary)

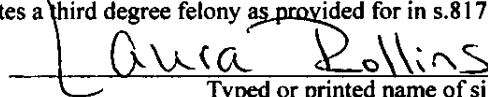
ARTICLE V: Effective date, if other than the date of filing: 11/15/2011. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)



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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2011

JANAN HAMILTON
2557 EVERLETH DRIVE
LAKELAND, FL 33810

SUBJECT: ANOINTEDHANDZ CLEANING LLC
Ref. Number: W11000057965

We have received your document for ANOINTEDHANDZ CLEANING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . 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) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 911A00025904