11000/44586

(D.		
(₭€	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phon	e #)
•		•
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(50	iomoco Entry (va.	
(1)		
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
, ,	Ü	
<u> </u>		





600215452436

12/28/11--01017--013 **130.00

SECRETARY OF STATE

Section 2

T. Clark

DE 3

EX

j 1

COVER LETTER

TO: Registration Division of	section Corporations			
SUBJECT: Lori's	s Cleaning Service	ELLC.		
	Name of Limit	ed Liability Company		
The enclosed Articles	of Organization and fee(s) are	submitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
Lori Sch	nuller or David Sc			
		Name of Person		
Lori's Cl	eaning Service			
		Firm/Company		
9516 Ed	len Avenue			
		Address		
Hudson, F	Florida 34667-438	3		
	· 	y/State and Zip Code	41-244	
lorischulle	1@yahoo.com			
	`	or future annual report notification)	DEC 2	~ ∙6
For further information	n concerning this matter, please	e call:	027 [AR] [53]	- 442 2
Lori Schuller		at (727) 869-7891		\${
Nam	e of Person	Area Code & Daytime Telephone	Number CONTACT	F
Enclosed is a check	for the following amount:	•	Pri fo	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	60.00 Filing Fee, tificate of Status & tified Copy litional 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
Lori's Cleaning Service LLC.					
(Must end with the words "Lin	mited 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:				
9516 Eden Avenue	9516 Eden Avenue				
Hudoon El 24667 4202	Hudson El 34667-4383				

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:

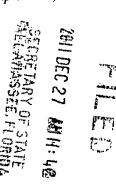
Lori Schu	iier
	Name
9516 E	den Avenue
	Florida street address (P.O. Box NOT acceptable
Hudson,	_{EL} 34667-4383_
 	City, State, and Zip

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)

Page 1 of 2



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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing N	Member .
WORW - Wanaging is	Tellioci
MGR	Lori Schuller
	9516 Eden Avenue
	Hudson, FL 34667-4383
MGR	David Schuller
	9516 Eden Avenue
	Hudson, FL 34667-4383
(Use attachment if neces	sary)
DOMESTIC DOC . 1	d d d la con T
	other than the date of filing: 1 2012. (OPTIONAL)
or 90 days after the date of fil	date must be specific and cannot be more than five business days prior ing.)
or > o any o arrest title date of the	
<u>REQUIRED</u> SIGNATU	RE:
^	
\sim	
Signatu	re of a member or an authorized representative of a member.
	the range
(In accordance w	rith section 608.408(3), Florida Statutes, the execution of this document
I am aware that	firmation under the penalties of perjury that the facts stated herein are true any false information submitted in a document to the Department of State
constitutes a thir	d degree felony as provided for in s.817.155, F.S.)
Lori	Schuller
	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)