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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	; #)
PICK-UP	MAIT	MAIL
(Bı	usiness Entity Nan	ne)
	·	<i>,</i>
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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C. LEWIS
FEB - 6 2012
EXA!

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: Prudential Cleaning LL	.C.
Name of Limit	ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Robert Paschall	
	Name of Person
Prudential Cleaning LLC	
	Firm/Company
13661 Julias Way #1321	
	Address
Fort Myers, FL 33919	:
	y/State and Zip Code
paschall2009@gmail.com	
n-man address: (to be used t	or future annual report notification)
For further information concerning this matter, please	e call:
Robert Paschall	at (239) 989-4543
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$	\$155.00 Filing Fee & Silfont Status & 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Prudential Cleaning LLC.			
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Li	ability Com	pany is:
Principal Office Address:	Mailing Address:		
13661 Julias Way #1321	13661 Julias Way #1321 Fort Myers, FL 33919		
Fort Myers, FL 33919	Fort Wyers, Ft. 33919		
(The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.) The name and the Florida street address of t Robert Paschall N		SECRETARY TALLAHASSE	ONINGER -3 AME
13661 Julias W	/ay #1321	MG 3	
Florida stree	et address (P.O. Box NOT acceptable)	SIN.	
Fort Myers	_{FL} 33919	55	abla
Ciţ	y, State, and Zip		
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as a	l in this certificate, I hereby accept the acity. I further agree to comply with the performance of my duties, and I an	he appointme h the provisio n familiar wi	ent as ons of all ith and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

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1

Title: "MGR" = Manager	Name and Address:	SECRETARY OF TALLAHASSEE, F
"MGRM" = Managing Member MGRM	Robert Paschall 13661 Julias Way #1321	
	Fort Myers, FL 33919	
(Use attachment if necessary)		
	e date of filing:	
effective date is listed, the date must be days after the date of filing.)	pe specific and cannot be more than five	business days prior

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.)

Robert Paschall

Typed or printed name of signee

Filing Fees:

REQUIRED SIGNATURE:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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