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Special Instructions to Filing Officer:

A. LUNT

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EXAMINER

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## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: TINY SPOT Cleaning LLC  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:					
ANEBEL ETIENNE					
TINY SPOT Cleaning UC					
8801 W. Sample Rd #6					
Address					
CORAL SPRINGS FL. 33065 City/State and Zip Code					
NICKETIENNE 87 DYANOO-COM  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Angle Ticone at (561) 129-0103  Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy (additional copy is enclosed)}\$\$ 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

ARTICLE I - Name: The name of the Limited Liability Company is:	
TINY SPOT CIE	Aning L.L.C. 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:  8801 W. SAMPLE RAHE  CORAL SPRINGS FT 33065
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 r	egistered agent are:
CORAL SPRINGS City, Sta	Ple Rd #F6  ress (P.O. Box NOT acceptable)  FL 33065  ate, and Zip
registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated imited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)

# **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 Member MGRM"Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (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.)

ANEBEL ETIENNE PME
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)