.. <u>A</u>...

L12000092127

(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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SECRETARY OF STATE

FILED

D. BRUCE

JUL 17 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 9, 2012

JOHN SOUDERS PO BOX 15534 SARASOTA, FL 34277

SUBJECT: ALICIA'S CLEANING SERVICE L.L.C.

Ref. Number: W12000036078

We have received your document for ALICIA'S CLEANING SERVICE L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note 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." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The Chief Financial Officer is by law the registered agent for the subject entity. If you want to make a change in the contact person who is designated to accept service of process with the Department of Financial Services, please contact that Department at (850) 413-4102.

The document must contain the entity's complete mailing address.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 712A00018323

SECRETARY OF STAIL TALLAHASSEE, FI 6310

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Alicia's Cleaning Service L.L. C	2
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
John Souders	
Name of Person	
Firm/Company	
Do 200 105311	5 .0
PO BOX 15534 Address	
Sarasota FL 34277	FI 12 JUL 16 SECRETARY
City/State and Zip Code	
Paulakatt @ a01. com E-mail address: (to be used for future annual report notification)	1 8: 59
For further information concerning this matter, please call:	59
Tohn Soudors at 941 359-223 Name of Person Area Code & Daytime Telephone Number	4
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)}	tus &
Mailing Address Registration Section Registration Section Registration Section	

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 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	ex Company is: eaning Service Too ords "Limited Liability Company, "L.L.C.," or "LI	o'L.L.C.
(Must end with the wo	ords "Limited Liability Company, "L.L.C.," or "Li	un)
ARTICLE II - Address: The mailing address and street ac	ddress of the principal office of the Li	nited Liability Company is:
Principal Office Address:	Mailing Address:	
	ent, Registered Office, & Registered ve as its own Registered Agent. You must designa	
The name and the Florida street a	address of the registered agent are:	SE SE
	John Souders	JU CRE AH
	Name	FIL 16 L 16 TARY ASSE
	Hamle's Grove DI. Florida street address (P.O. Box NOT accept	table)
<u> </u>	City, State, and Zip	1. 59
liability company at the place registered agent and agree to act statutes relating to the proper a	d agent and to accept service of process designated in this certificate, I hereby of t in this capacity. I further agree to con and complete performance of my duties, position as registered agent as provided	accept the appointment as uply with the provisions of all and I am familiar with 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:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:	
President	Alicia Underwood 831 Padger Aur Sarasona Pr 34237	
(Use attachment if necessary)		
CLE V: Effective date, if other the effective date is listed, the date m	an the date of filing: (OPTIONAL) rust be specific and cannot be more than five business days pr	ior
CLE V: Effective date, if other that	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days pr	ior
CLE V: Effective date, if other that effective date is listed, the date model of days after the date of filing.) REQUIRED SIGNATURE:	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days pre	ior
CLE V: Effective date, if other that effective date is listed, the date model of days after the date of filing.) REQUIRED SIGNATURE: Signature of a model of the date of a model of the date of the date of filing.	nember or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of States of felony as provided for in s.817.155, F.S.)	ior
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CLE V: Effective date, if other that effective date is listed, the date median days after the date of filing.) REQUIRED SIGNATURE: Signature of a median disconstitutes an affirmation I am aware that any false constitutes a third degree	nember or an authorized representative of a member. Ion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. In information submitted in a document to the Department of States information submitted in s.817.155, F.S.) Tohu F. Souders Typed or printed name of signee	ior