*L12000094345

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
. (Business Entity Name)
(Document Number)
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K. SALY EXAMINER JUL 2 0 2012



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 5, 2012

TWILIA TAYLOR 662 RIDGE LAKE RD. CRESTVIEW, FL 32536

SUBJECT: PARTNERS IN GRIME, LLC

Ref. Number: W12000035737

We have received your document for PARTNERS IN GRIME, LLC 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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L11000011649 "PARTNERS IN GRIME, LLC".

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 212A00018144

COVER LETTER

TO:

Registration Section

Division of Corpora	tions			
SUBJECT: Partners	n Grime Servic	es, LLC		
-	Name of Limited	Liability Compa	any	
The enclosed Articles of Organ		•	_	
r rease return an corresponden	concerning uns matter	to the following	j .	
Twilia Taylor				
	Na	ame of Person		
Partners In G	Frime Services,	LLC		
	Fi	rm/Company		
662 Ridge La	ke Road			
		Address		
Crestview, FL 3	32536			
0.00011011,1 2 0		tate and Zip Code	;	
twiliataylor@gma				
	nail address: (to be used for f	•	rt notification)	
For further information concer	ning this matter, please ca	11:		
Twilia Taylor	at	850	499-6897	7
Name of Perso		Area Code	& Daytime Te	lephone Number
Enclosed is a check for the f	following amount:	-		
	0.00 Filing Fee &rtificate of Status	\$155.00 Filin Certified Cop (additional copy	рy	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Divi P.O.	iling Address istration Section ision of Corporations . Box 6327 ahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporatio uilding cutive Center ee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	any is:
Partners In Grime Services	s, LLC
(Must end with the words "Limite	d 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:
662 Ridge Lake Road	662 Ridge Lake Road
Crestview, FL 32536	Crestview, FL 32536
	E L
	Name

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

Crestview

106 Phillips Drive

_{FL} 32536

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)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Twilia Taylor
	662 Ridge Lake Road
	Crestview, FL 32536
	
(Use attachment if necessary)	•
LE V. Effective date if other than	the date of filing: (OPTIONA
ffective date is listed the date mu	st be specific and cannot be more than five business days
days after the date of filing.)	st be specific and eaginot be more man five business way.
REQUIRED SIGNATURE:	
	. \$
Juie	en Dayler
Signature of a me	mber or an authorized representative of a member.

Twilia Taylor

Typed or printed name of signee

I am aware that any false information submitted in a document to the Department of State

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)