## <u>12000098982</u>

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	•	

Office Use Only

G. MCLEOD

AUG - 1 2012

**EXAMINER** 



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07/30/12--01037--026 \*\*125.00

12 JUL 30 PH 4: 08
SECRETARY OF STATE
ALLAHASSEE, FLORID:

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Lynda's Cleaning S	Services
SUBULUI	Limited Liability Company
The enclosed Articles of Organization and fee	s) are submitted for filing
Please return all correspondence concerning the	
	is mane. to all tonowing.
Lynda Lee	Name of Person
Lynda's Cleaning Serv	vices II C
Lynda's Cleaning Cert	Firm/Company
340 52nd Street West	
	Address
Palmetto, Florida 34221	
1 000	City/State and Zip Code
mwlee30@gmail.com E-mail address: (ω b	e used for future annual report notification)
For further information concerning this matter	please call:
Lynda Lee	at (941 ) 725-1366
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	unt:
\$125.00 Filing Fee \$130.00 Filing Fee Certificate of Sta	& \$155.00 Filing Fee & \$160.00 Filing Fee,
Mailing Address Registration Section Division of Corpore P.O. Box 6327 Tallahassee, FL 323	ations Division of Corporations Clifton Building

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

Lynda's C	leaning Service	ie II C	
Lynuas C		ited Liability Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - The mailing add		of the principal office of the Limited Lia	bility Company is:
Principal Offic	e Address:	Mailing Address:	
340 52nd Street	West	340 52nd Street West	
Palmetto, Florid	a 34221	Palmetto, Florida 34221	
The name and the	he Florida street address  Lynda Lee  340 52nd Sti	of the registered agent are:  Name  Name	12 JUL 30 SECRETARY
		street address (P.O. Box NOT acceptable)	
	Palmetto	FL 34221	PM 4: 08 OF STATE E. FLORID
		City, State, and Zip	
liability con registered ager statutes relati	npany at the place design nt and agree to act in this ing to the proper and com	and to accept service of process for the a ated in this certificate, I hereby accept the capacity. I further agree to comply with aplete performance of my duties, and I am as registered agent as provided for in Cl	e appointment as the provisions of all a familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

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

MGR	Lynda Lee
	340 52nd Street West
	Palmetto, Florida 34221
(Use attachment if necessary)	
LE V: Effective date, if other th	an the date of filing: (OPTIONA
Tective date is listed, the date m days after the date of filing.)	ust be specific and cannot be more than five business day
uays after the date of fining.	

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.)

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)