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EXAMINER 13 M &



May 22, 2012

SIMONE TOLLEY & SAMANTHA VANVLEET P.O. BOX 1784 VALRICO, FL 33595

SUBJECT: SPOTLIGHT CLEANING SERVICES OF TAMPA BAY LLC

Ref. Number: W12000028232

We have received your document for SPOTLIGHT CLEANING SERVICES OF TAMPA BAY 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on May 21, 2012. Please amend your document accordingly.

Only one person can be listed as registered agent. Please amend your document.

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.

Tammi Cline Regulatory Specialist II

Letter Number: 912A00014916

SUCRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations		(Taupa Bay
SUBJE	Name of Limited L	Thanna Service.iability Company	es LLC
The end	closed Articles of Organization and fee(s) are sub-	mitted for filing.	
Please r	return all correspondence concerning this matter to	_	
-	S I MO	one to Hey	3 Samartha Van V Lee
-	Spotlight cleaning	Services of Ta	pe Bay LLC.
-	P.O.	Box 1784	
	Val Co	Address Lower FL 33595 ate and Zip Code	-
-	E-mail address: (To be used for for	tollera me. co	<u> </u>
For furt	ther information concerning this matter, please cal	11:	
•	Simone Tolley at	Area Code & Daytime Telep	hone Number
Enelos	ed is a check for the following amount:		
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & 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 Ci Tallahassee, FL 32301	AHASSEE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(Must end with the words "Limited 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:
12217 Begin Dr. P. O Box 1784 RIVERVEW FL 33569 Valrico, FL 33595
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: Simone Tolley Name 12217 Beain Oc
Florida street address (P.O. Box NOT acceptable)
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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Membe	er
MGR	Simore Tolley P. o Box 1784
MGRM	Sanautha Van Vleot POBOX 1784
	<u> Valn w, f. 33595</u>
(Use attachment if necessary)	
CLE V: Effective date, if other teffective date is listed, the date 0 days after the date of filing.)	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days price
DECLUBED CICNATURE.	1
REQUIRED SIGNATURE:	The Olly
Signature of a	a member or an authorized representative of a member.
Signature of a (In accordance with seconstitutes an affirmation of a second secons and a second secons and a second s	ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)
Signature of a (In accordance with seconstitutes an affirmation of a second secons and a second secons are that any fall am aware that any fall second seco	ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Is information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)
Signature of a (In accordance with sec constitutes an affirmati am aware that any fal constitutes a third degree	ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Is information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.) Typed or printed name of signee
Signature of a (In accordance with sec constitutes an affirmation of a secondary seco	ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Is information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.) Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)