# #1/2000/3954/

(Re	questor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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FILED 12 NOV =1 PH 3: 01: SCORLIARY OF STATE

K. SALY EXAMINER NOV - 2 2012



September 11, 2012

LORI E. SMITH 909 WINNIE LANE LAKELAND, FL 33813

SUBJECT: DIRT BUSTERS CLEANING SERVICES LLC.

Ref. Number: W12000046865

We have received your document for DIRT BUSTERS CLEANING SERVICES LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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

Karen A Saly Regulatory Specialist II

Letter Number: 012A00022859

## **COVER LETTER**

	egistration Se ivision of Co			
SUBJECT	÷7/C:	- BUSTCTS Name of Limi	Clowing Settleted Liability Company	vices
The enclos	ed Articles of	Organization and fee(s) are	submitted for filing.	
Please retu	rn all correspo	ondence concerning this mat	tter to the following:	
F	ori E	. Smith	Name of Person	
$\mathcal{L}$	17+ C	usters Clo	aning Sewico	7
90	19 Wir	nnie Lane	Address	
LC	shelon	nd, F1. 3381°	3 ty/State and Zip Code	
Smithlori 27 6 yohoo. Com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
LOTI	Smitt Name o	f Person	at (863) 398-31 Area Code & Daytime Telep	HOne Number
Enclosed	is a check for	the following amount:		
\$125.00 Fil	ling Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \(\bullet\) 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	rcle

#### 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	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
909 Winnie Lane Laheland, Fl. 33813	909 Winnie Lane Latheland, F1.33813
Labeland, Fl. 33813 City, State Having been named as registered agent and to a	red Agent. You must designate an individual or another

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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..

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 "MGRM" = Managing Member	Name and Address:
MCR Managing Member	LOTI E Smith 909 Winnie Lane Lateland, Fl. 33813
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the fan effective date is listed, the date must or 90 days after the date of filing.)	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prio
REQUIRED SIGNATURE:	
Signature of a mem	ber or an authorized representative of a member.
constitutes an affirmation und I am aware that any false info	08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State ony 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)