

L12000144942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

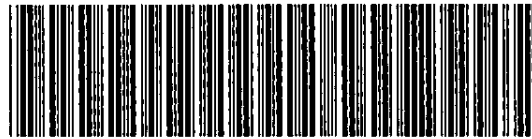
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

NOV 16 2012

S. TONER

Office Use Only



400241216304

11/16/12--01005--001 \*\*75.00

400241216304  
10/03/12--01030--030 \*\*50.00

~~W12-55548~~

FILED  
12 NOV 14 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 31, 2012

MAXIMO SALAZAR  
SALAZAR'S HOUSEKEEPING LLC  
4560 FAIRPORT AVE.  
DE LEON SPRINGS, FL 32130

SUBJECT: SALAZAR'S HOUSEKEEPING LLC  
Ref. Number: W12000055548

We have received your document for SALAZAR'S HOUSEKEEPING LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$75.00.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sean Toner  
Senior Section Administrator

Letter Number: 512A00026602

Maximino Salazar  
4560 Fairport Ave.  
De Leon Springs, FL. 32130  
386.469.8258  
max.sofia2011@gmail.com

15 October 2012

Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

To whom it may concern,

My name is Maximino Salazar and I am writing this letter in regards to the Fictitious Name registration. I began with my business a year ago and I started with my full name for my business name. I would like to change this name to just having my last name on there. I filled out the form for the name change. I received a letter on October 4, 2012 that said my business name couldn't contain LLC unless the owner of the registration was a limited liability company, and filed with the Division of Corporation. My daughter has been helping me with this registration and she was able to get in contact with someone by calling the phone number on the letter (850-245-6058), because she had questions on how I would be able to register as a Limited Liability Company. She was told to fill out the form of articles of organization. When I sent the form for the name change I sent in a money order for \$50. I am requesting that you use the \$50 for my registration as a Limited Liability Company. Please contact me if there are any questions or if I need to anything else.

Thank You

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Salazar's Housekeeping LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Maximino Salazar**

Name of Person

**Salazar's Housekeeping LLC**

Firm/Company

**4560 Fairport Ave.**

Address

**De Leon Springs, FL. 32130**

City/State and Zip Code

**max.sofia2011@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Maximino Salazar**

Name of Person

at ( **386** ) **469-8258**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Circle  
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**Salazar's Housekeeping LLC**

(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:

4560 Fairport Ave.  
De Leon Springs, FL. 32130

### Mailing Address:

4560 Fairport Ave.  
De Leon Springs, FL. 32130

## 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:

Maximino Salazar

Name

4560 Fairport Ave.

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

De Leon Springs FL 32130

City, State, and Zip

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12 NOV 14 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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..*

Maximino Salazar

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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Maximino Salazar

4560 Fairport Ave.

De Leon Springs, FL. 32130

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

*Maximino Salazar*

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.)

**Maximino Salazar**

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)