

**L12000145265**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

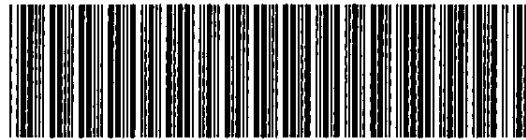
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000241400220

11/05/12--01043--005 \*\$130.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2012 NOV 5 PM 3:40

C. LEWIS  
NOV 16 2012  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 6, 2012

RICQUESHA A. FULLER  
5650 21ST WAY D APT 602  
ST. PETERSBURG, FL 33712

SUBJECT: EPIC COMPLETE CLEANING SERVICE, LLC  
Ref. Number: W12000056401

We have received your document for EPIC COMPLETE CLEANING SERVICE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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.

Please return the corrected original and one copy of 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.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 112A00026988

(850) 245-6051.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Epic Complete Cleaning Service., 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:

**Ricquesha A. Fuller**

Name of Person

Firm/Company

**5650 21st Way S Apt #602**

Address

**St. Petersburg, FL 33712**

City/State and Zip Code

**epiccomplete@gmail.com**

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

For further information concerning this matter, please call:

**Ricquesha Fuller**

Name of Person

at ( **727** ) **563-6540**

Area Code & Daytime Telephone Number

Enclosed 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 Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Epic Complete Cleaning Service., 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:**

**Mailing Address:**

5650 21st Way S

5650 21st Way S

Apt #602

Apt #602

St. Petersburg, FL 33712

St. Petersburg, FL 33712

**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:

Ricquesha Fuller  
Name

5650 21st Way S. Apt #602  
Florida street address (P.O. Box **NOT** acceptable)

St. Petersburg, FL 33712  
City, State, and Zip

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DIVISION OF CORPORATIONS  
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*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..*

Ricquesha Fuller  
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:

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2012 NOV 5 PM 3:40

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR \_\_\_\_\_

Ricquesha A. Fuller

5650 21st Way S Apt #602

St. Petersburg, FL 33712

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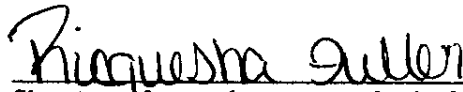
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: November 5th, 2012 (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:**



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.)

Ricquesha A. Fuller

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)

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

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(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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**Principal Office Address:**

5650 21st Way S

Apt #602

St. Petersburg, FL 33712

**Mailing Address:**

5650 21st Way S

Apt #602

St. Petersburg, FL 33712

**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:

Ricquesha Fuller  
Name

5650 21st way S. Apt #602  
Florida street address (P.O. Box NOT acceptable)

St. Petersburg, FL 33712  
City, State, and Zip

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DIVISION OF CORPORATIONS  
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*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.*

Ricquesha Fuller  
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:

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
2012 NOV 15 PM 3:40

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR \_\_\_\_\_

Ricquesha A. Fuller

5650 21st Way S Apt #602

St. Petersburg, FL 33712

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(Use attachment if necessary)

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Ricquesha A. Fuller

Typed or printed name of signee

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\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)