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(Re	questor's Name)	
(Ad	dress)	- " - "
(Ad	dress)	
(Au	uiess)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	aliana Eutiki Mau	>
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

JAN - 3 2013 T. HAMPTON

COVER LETTER

TO:	Registration S Division of Co						
SUBJE	CT:	D.C.D Cle	aning L.L.c				
	Name of Limited Liability Company						
The enc	losed Articles o	f Organization and fee(s) are	submitted for filing.				
Please re	eturn all corresp	ondence concerning this mat	ter to the following:				
_		Gina M	Name of Person				
	·	O.C.D	Cleaning L.L.	<u></u>			
	12105 Windriver LANG unit9						
-			Address				
		Hudson F	Corida 3466	7			
_		Ci	ty/State and Zip Code				
		gina - Di	for future annual report notification)	com			
			-				
For furth	ner information	concerning this matter, pleas	e call:				
<u></u>	sina M	DINARDI	at (727) 271-0 Area Code & Daytime Telepho	181			
	Name	of Person	Area Code & Daytime Telepho	one Number			
Enclose	ed is a check f	or the following amount:	/				
□\$ 125.0	00 Filing Fee						
		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 Circ Tallahassee, FL 32301	cle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
O.C.D.Cleaning L.L.C. (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 street address.	ne Limited Liability Company is:
Principal Office Address: Mailing Addre	ss:
12105 wind River ZANE 12105 Li unit 9 unit 9 Hudson FC 34667 Hudson	n FC 34667
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Registered Agent. You must d business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are Cina m. Diward j Name 1210 5 Wind River Lan Florida street address (P.O. Box NOT	NE anil 9
Hud Son PL FL 3466 City, State, and Zip	7
Having been named as registered agent and to accept service of p liability company at the place designated in this certificate, I he registered agent and agree to act in this capacity. I further agree all statutes relating to the proper and complete performance of n and accept the obligations of my position as registered agent as p	rocess for the above stated limited ereby accept the appointment as e to comply with the provisions of ny duties, and I am familiar with
Registered Agent's Signature (REQUIRED)	T2 DEC 3
(CONTINUED) Page 1 of 2	ILED IRY OF STATE COMPORATIONS I PH 12: 00

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	. 100.00		
	"MGRM" = Managing Member			
	_			
	MGR	Coina M. DINARSI 8823 Countree Ave News Part Richar FL 39		
		8823 Countree Ave		
		New Part Richer FL 35	<u>ری،</u>	3
		· ·		
	MGRM	Cecelia GARZA		
		12105 wind Rever LN		
		Hudson PC 34667		
		•		
				
	(I lea attachment if necessary)			
	(Use attachment if necessary)			
ADTIC	N E V. Effective data if atheurthousthe de	to of Clina.	riani.	AT N
AKIIC	CLE V: Effective date, if other than the da	te of filing: (OP	LIUNZ	11ω)
		e specific and cannot be more than five l	ousine	ss days
prior to	or 90 days after the date of filing.)			
	DECLUDED CLOVATURE			
	REQUIRED SIGNATURE:			
		$\overline{}$		
	6-m	λh		
	Signature of a member of	r an authorized representative of a member.		
	(In accordance with section 608.40	8(3), Florida Statutes, the execution of this documen	t	
	constitutes an affirmation under the	penalties of perjury that the facts stated herein are to	rue.	
	I am aware that any false information	on submitted in a document to the Department of Sta	ite	
	constitutes a third degree felony as	- · · · · · · · · · · · · · · · · · · ·		
	Typed or printed name of signee			
	Typed	or printed name of signee	12	뒷
			.0	
	Filing Fees:		EC	ميار عيد

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)