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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
- PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

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EFFECTIVE DATE 2/14/2013



(850) 245-6051.

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Maid Flawless ProFreshionals

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:

Marsha Nelson

Name of Person

Maid Flawless ProFreshionals

Firm/Company

3720 SW 52nd Avenue Apt. 105

Address

Pembroke Pk FL 33023

City/State and Zip Code

virchreid12@yahoo.com

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

For further information concerning this matter, please call:

Marsha Nelson

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288-9385

FFFECTIVE DATE

THE PARTY OF

Name of Person

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 1 - Name	•	
The name of the Limi	ted Liability Company	v is:
Mald Flawless ProFreshion		
(Must o	end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addr	ess:	
The mailing address a	and street address of th	e principal office of the Limited Liability Company is:
Principal Office Add	lress:	Mailing Address:
3720 SW 52nd Avenue ap	t. 105	3720 SW 52nd Avenue apt. 105
Pembroke Pk FL 33023		Pembroke Pk FL 33023
	oany cannot serve as its own R	ered Office, & Registered Agent's Signature. Registered Agent. You must designate an individual or another.
The name and the Flo	rida street address of t	the registered agent are:
D	ADC LLC	GF G
_	N	ame
24	140 83rd Terrace	·
	Florida stree	et address (P.O. Box <u>NOT</u> acceptable)
	Miramar	_{FL} 33025
	Cit	y, 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)

Page 1 of 2

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	Name and Address:		
"MGRM" = Managing Member			
MGR	Marsha Nelson		
	3720 Sw 52nd Avenue		
	Pembroke PK FL 33023		
MGR	Mario Wellington		
	745 NW 125th street		
	North Miami FL 33168		
		<u></u>	
(Use attachment if necessary)			
(Ose attachment if necessary)	14		
LE V: Effective date, if other than t	·	(OPTION A	
ffective date is listed, the date mu	est he specific and cannot he me	ore than five husines	
or 90 days after the date of filing.	-	ore than live busines	
or to days areer are dute or ming.	,		
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.)

Marsha Nelson

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)