

L13000050511

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(Business Entity Name)

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Special Instructions to Filing Officer:

W13-18663

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03/29/13--01028--012 \*\*130.00

**FILED**  
13 MAR 29 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 1, 2013

SIMONIA BARBOSA  
218 CLOVERDALE BLVD.  
UNIT B  
FT. WALTON BEACH, FL 32547

SUBJECT: A+ CLEANING LLC  
Ref. Number: W13000018663

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TALLAHASSEE, FLORIDA

We have received your document for A+ CLEANING 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is L08000115251,

Please return 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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 713A00007557

(850) 245-6051.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: A+ Cleaning 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:

**Simonia Barbosa**

Name of Person

Firm/Company

**218 Cloverdale Blvd Unit B**

Address

**Ft Walton Beach FL 32547**

City/State and Zip Code

**simonekhaylla@hotmail.com**

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

For further information concerning this matter, please call:

**Simonia Barbosa**

Name of Person

at **781 3465898**

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

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**TALLAHASSEE, FLORIDA**

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

A+ Cleaning OF OKALOOSA 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:

218 Cloverdale Blvd Unit B  
Ft Walton Beach FL 32547

### Mailing Address:

218 Cloverdale Blvd Unit B  
Ft Walton Beach FL 32547

## 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:

Simonia Barbosa

Name

Ft Walton Beach FL 32547

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

Fort Walton Beach FL 32547

City, State, and Zip

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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.*

Simonia Barbosa

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

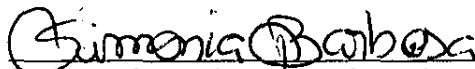
**Name and Address:**

<u>MGRM</u>	<u>Simonia Barbosa</u>
	<u>218 Cloverdale Blvd., Unit B</u>
	<u>Ft. Walton Beach, FL 32547</u>
	<u>N/A</u>
	<u>N/A</u>
	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>
	<u>N/A</u>
	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>
	<u>N/A</u>
	<u>N/A</u>

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: N/A (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.)

Simonia Barbosa

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)