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(Re	equestor's Name)	<u></u>
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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FILING CANCELLED RETURNED CHECK

06/17/13--01011--011 **130.00

TILED

13 JUN 17 AN IO 38

C. LEWIS

JUN 1 8 2013

EXAMINER

(850) 245-6051.

COVER LETTER

, TO: Registration Section
Division of Corporations

BLUE 17 CLEANING SERVICE !LLC

SUBJECT:

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:

HANS URRUTIA
Name of Person
BLUE 17 CLEANING SERVICESLLC
Firm/Company
3516 CHESHIRE SQUARE APT C
Address
SARASOTA FLORIDA 34237
City/State and Zip Code
HANSBLUE14@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HANS URRUTIA	941	225-0728
Name of Person	Area Code	& Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee
□\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee,

Certificate of Status Certified Copy

(additional copy is enclosed)

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:	FILING CANCELLED
The name of the Limited Liability Company is:	RETURNED CHECK
BLUE 17 CLEANING SERVICES LLC (Must end with the words "Limited Liability)	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3516 CHESHIRE SQUARE APT C	SAME AS PRINCIPLE ADDRESS
SARASOTA, FL. 34237	
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration. HANS URRUTIA Name	gistered agent are:
3516 CHESHIRE SQUARE APT	
SARASOTA	ess (P.O. Box NOT acceptable) FL 34237
City, State	
liability company at the place designated in the registered agent and agree to act in this capacity all statutes relating to the proper and complete	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

FILING CANCELLED RETURNED CHECK

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:		FILE	עו -
"MGR" = Manager	AMELIA MILE LEGIS CHIPS	13	JUN 17	:OI MA
"MGRM" = Managing Member		* n 251	N 187.	
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(Use attachment if necessary) CLE V: Effective date, if other than the effective date is listed, the date musto or 90 days after the date of filing.) REQUIRED SIGNATURE:				
CLE V: Effective date, if other than the effective date is listed, the date musto or 90 days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be m	ore than fi		
CLE V: Effective date, if other than the effective date is listed, the date must of or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of members of members of members of the date of filing.		of a member.	ive busin	
CLE V: Effective date, if other than the effective date is listed, the date must of or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of members of members of members of the date of filing.	er or an authorized representative of 8.408(3), Florida Statutes, the executive the penalties of perjury that the facts mation submitted in a document to the	of a member.	ive busin	

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)