#13000107318

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	ne)
(Do	ocument Number)	-
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SECRETARY OF STATE
TAIL AMASSEE, FLORIDA

K. SALY EXAMINER JUL 3 0 2013

Cover Letter

Thomas J Will

1707 Ivalea Cir

Navarre FL 32566

Phone: (850) 501-1519

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	_
The name of the Limited Liability Company is	EFFECTIVE DATE
	30/3
Best Professional Cleaning Service, LLC.	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1707 Ivalea Cir	1707 Ivalea Circle
Navarre, FL 32566	Navarre, FL 32566
ARTICLE III - Registered Agent, Registere	d Office & Degistered Agent's Signature
The Limited Liability Company cannot serve as its own Regis	
business entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
Thomas J Will	Idress (P.O. Box NOT acceptable) FL 32566 tate, and Zip
Name	
	29
1707 Ivalea Cir	Henry (II O. Pay NOT appropriate)
	Idress (P.O. Box NOT acceptable)
Navarre,	FL 32566
City, S	tate, and Zip
Having been named as registered agent and to	accept service of process for the above stated limited
	this certificate, I hereby accept the appointment as
• •	city. I further agree to comply with the provisions of
Ų . ,	te performance of my duties, and I am familiar with
and accept the obligations of my position as r	egistered agent as provided for in Chapter 608, F.S
	X 1/4/
Momose	- July
Registered Agent's Signa	ure (REQUIRED)
(CONTIN	NUED)

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:

"MGR" = Ma $"MGRM" = N$	nnager Managing Member	Name and Address:
MGRM		Thomas J Will
		1707 Ivalea Cir
		Navarre, FL 32566
		
	····	
		
Use attachm	ent if necessary)	
LE V: Effect ffective date or 90 days a	tive date, if other than the is listed, the date muster the date of filing.) SIGNATURE:	est be specific and cannot be more than five busing
LE V: Effect ffective date or 90 days a	tive date, if other than the is listed, the date muster the date of filing.) SIGNATURE:	the date of filing: 26 July 2013 . (OPTION est be specific and cannot be more than five busing the best of a member.
LE V: Effect ffective date or 90 days a REQUIRED	tive date, if other than the is listed, the date muster the date of filing.) SIGNATURE: Signature of a member accordance with section 60 mustitutes an affirmation undum aware that any false info	est be specific and cannot be more than five busing
LE V: Effect ffective date or 90 days a REQUIRED	tive date, if other than the is listed, the date muster the date of filing.) SIGNATURE: Signature of a member accordance with section 60 mustitutes an affirmation undum aware that any false info	ber or an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, rmation submitted in a document to the Department of State

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)