Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000239742 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HUBCO

Account Number : 104662003400

: (516)935-3940

Fax Number : (800)293-4075

ter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FLORIDA LIMITED LIABILITY CO.

Halina's Cleaning & Maintenance Services LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

H13000239742

ARTICLES OF ORGANIZATION

ARTICLE I - Name		
The name of the Limited Liability Com	pany is: Halina's Cleaning & Maintenance Services	s LLC
ARTICLE II - Address		7 o 1
The mailing address and street address	of the principal office of the Limited Liability Company is:	
	W	
Principal Office Address:	Mailing Address:	29 SSE SSE
6103 NW East Deville Cir.	6103 NW East Deville Cir.	<u> </u>
Best Spint Lucia El 24086	Cost Caint Lucio El 24096	# 60 A 60
Port Saint Lucie, FL 34986	Port Saint Lucie, FL 34986	
		> ' -
		ο _ς
ARTICLE III - Registered Age		
ARTICLE III - Registered Age	the registered agent are: Halina Gangloff Name	
ARTICLE III - Registered Age	the registered agent are: Halina Gangloff	
ARTICLE III - Registered Age	the registered agent are: Halina Gangloff Name 6103 NW East Deville Cir.	

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 - Halina Gangoff

H13000239742

ARTICLE IV - Manager(s) of The name and address of each Manager	r Managing Member(s): ager or Managing Member is as follows:	H13000239742
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
_MGRM	Halina Gangloff. 6103 NW East Deville Cir., Port Sai	nt Lucie, FL 34986
		3
(Use attachment if necessary)		OCT AHAS
REQUIRED SIGNATURE: Signature	Holena Jangford of a member or authorized representative of a member.	ILED 29 AN 8: 15 AT OF STATE SEE, FLORIDA
	nce with section 608.408(3), Florida Statutes, the executionstitutes an affirmation under the penaltics of perjury the are true.)	
	Halina Gangloff	
	Typed or printed name of signee	