# 113000173465

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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(850) 245-6051.

## **COVER LETTER.**

TO:

Registration Section
Division of Corporations

SUBJECT

1st Alarm Cleaning Services 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:

Patrick McCoy		
Name of Person		
1st Alarm Cleaning Services LLC		
Firm/Company		
1130 Dawn Creek Ct.		
Address		
Jacksonville, Fl. 32218	* ,	2013
City/State and Zip Code	3.	
patmccoy2003@yahoo.com		
E-mail address: (to be used for future annual report notification)	22.3	Ö١
For further information concerning this matter, please call:		7
Patrick McCoy au 904 451-1941	LORGO STATE	1: 38

Enclosed is a check for the following amount:

Name of Person

□\$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

Area Code & Daytime Telephone Number

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:
1st Alarm Cleaning Services LLC  (Must end with the words "Limi	ted Liability Company, "L.L.C.," or "Ll.C.")
	ted facility Company. Table. of face.
<b>ARTICLE II - Address:</b> The mailing address and street address o	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1130 Dawn Creek Ct	1130 Dawn Creek Ct.
Jacksonville Fl. 32218	Jacksonville Fl. 32218
The name and the Florida street address Patrick McCoy	221
	Name
1130 Dawn Creek Ct.	ecalar position and position an
	street address (P.O. Box NOT acceptable)
Jacks	sonville FL 32218
	City, State, and Zip
liability company at the place designate registered agent and agree to act in this all statutes relating to the proper and c	and to accept service of process for the above stated himited ated in this certificate, I hereby accept the appointment as a scapacity. I further agree to comply with the provisions of complete performance of my duties, and I am familiar with on as registered agent as provided for in Chapter 608, F.S

Page 1 of 2

(CONTINUED)

EFFECTIVE DATE 12 14 13

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

MGRM = Managing Member    MGRM	Title:	Name and Address:
(Use attachment if necessary)  (Use attachment if necessary)  (ICLE V: Effective date, if other than the date of filing: 12/14/2013 (OPTIONAL) in effective date is listed, the date must be specific and cannot be more than five business days to or 90 days after the date of filing.)  REQUIRED SIGNATURE:  (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 States constitutes a third degree felony as provided for in s.817.155, F.S.)	"MGR" = Manager "MGRM" = Managing Membe	r
(Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing: 12/14/2013 (OPTIONAL)  In effective date is listed, the date must be specific and cannot be more than five business days to or 90 days after the date of filing.)  REQUIRED SIGNATURE:  (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.)	MGRM	Patrick McCoy
(Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing: 12/14/2013		1130 Dawn Creek Ct
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 of a manager 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.)		Jacksonville Fl. 32218
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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)