

L14 000028303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

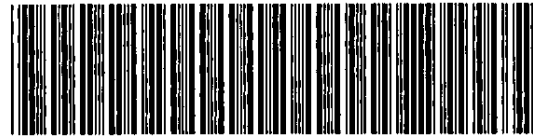
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400256663694

02/18/14--01023--012 **130.00

FEB 19 2014
T CLINE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 FEB 18 AM 10:59

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: White Glove Construction Cleaning of Tampa Bay, 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:

Lisa A Calmbacher

Name of Person

White Glove Cleaning of Indianapolis, Inc.

Firm/Company

470 3rd Street South, #913

Address

St. Petersburg, Florida 33701

City/State and Zip Code

lisa.miller0854@gmail.com

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

For further information concerning this matter, please call:

Lisa A Calmbacher LLC

Name of Person

at (317)

Area Code

557-5027

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

2014 FEB 18 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FL 32301

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(OVER LETTER)

White Glove Construction Cleaning of Tampa Bay, 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:

White Glove Construction Cleaning of Tampa Bay, LLC

Principal Office Address: 470 3rd Street South #913 470 3rd Street South

St. Petersburg, Florida 33701 St. Petersburg, Florida 33701

Please return all correspondence concerning this matter to the following:

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:

White Glove Construction Cleaning of Tampa Bay, LLC
Lisa A. Calmbacher
Name of Person

470 3rd Street South #913
470 3rd Street South #913
Address

St. Petersburg FL 33701
City Zip

St. Petersburg, Florida 33701

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 605, F.S.

For further information concerning this matter, please

Lisa A. Calmbacher
Name of Person Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2
Certificate of Status
Certified Copy
(additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32307

Street/Carrier Address
Registration Section
Division of Corporations
Clifton Building
7661 Executive Center Circle
Tallahassee, FL 32309

FILED
2014 FEB 18 AM 10:59
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Lisa A Calmbacher MGR

470 3rd St S, Apt 913

St Petersburg, FL 33701

ARTICLE I - Name:

The name of the Limited Liability Company is:

White Glove Construction Cleaning of Tampa Bay, LLC

(Must end with the words "Limited Liability Company", "LLC", or "L.P.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

470 3rd Street South #913

St. Petersburg, Florida 33701

(Use attachment if necessary)

Mailing Address:

470 3rd Street South

St. Petersburg, Florida 33701

ARTICLE V: Effective date, if other than the date of filing:

(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.)

ARTICLE VI: Other provisions, if any.

The name and the Florida street address of the registered agent are:

Lisa A Calmbacher

same

REQUIRED SIGNATURE:

470 3rd Street South #913

St. Petersburg, Florida 33701

Lisa A Calmbacher

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203-(1)-(b), 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. 817.55, F.S.) above stated limited liability company,

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 maintain a permanent office at the address stated above and to keep a complete and accurate record of my company and to forward a true and correct copy of the same to the Department of State as provided for in

Chapter 605, F.S.

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)

Registered Agent's Signature (REQUIRED)

FILED
2014 FEB 18 AM 10:59
SECRETARY OF STATE
TAMPA, FLORIDA