L14000028303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 19 2014
T CLINE

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)

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For further information concerning this matter, please call:

Lisa A Calmbacher LLC at (317) 557-5027
Name of Person Area Code 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

COVER 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:

SUBJECT: White Glove Construction Cleaning of Tampa Bay, LLC
Name of Limited Liability Company

Principal Office Address:	**Mailing Address:**
470 3rd Street South #913 St. Petersburg, Florida 33701	470 3rd Street South St. Petersburg, Florida 33701

The document(s) to be filed and fee(s) are submitted.

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.)

Lisa A Calmbacher
Name of Person

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

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

470 3rd Street South, #913
Florida street address (P.O. Box NOT acceptable)
Address

St. Petersburg FL 33701
City Zip

St. Petersburg, Florida 33701

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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 call:

Lisa A Calmbacher
Name of Person

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

Date

Daytime Telephone Number

Enclosed is a check for the following amount: **(CONTINUED)**

☐ $ Filing Fee ☐ $5.00 Filing Fee & Certificate of Status ☐ $10.00 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

Name of Person Area Code Daytime Telephone Number

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

Title:	**Name and Address:**
"AMBR" = Authorized Member "MGR" = Manager	
MGR	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", "L.L.C." or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
470 3rd Street South #913 St. Petersburg, Florida 33701	470 3rd Street South St. Petersburg, Florida 33701

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(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 III - Registered Agent, Registered Office & Registered Agent's Signature:
The Limited Liability Company cannot serve as its own Registered Agent. You must designate another business entity with an active Florida registration.)

ARTICLE VI: Other provisions, if any.
The name and the Florida street address of the registered agent are:

Lisa A Calmbacher
Name

470 3rd Street South #913
Florida street address (P.O. Box not acceptable)
St Petersburg FL 33701

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TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:

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.817.155, F.S.) *Having been named [illegible] to 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 relative 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.*

Lisa A Calmbacher
Typed or printed name of signee

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 (If QUIRED)