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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nan	ne)
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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FEB 2 8 2013 T. HAMPTON

## **COVER LETTER**

**Registration Section** 

**Division of Corporations** 

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	na Badaraq Name of Lin	co's White G	love Cleaning 4
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corre	spondence concerning this m	natter to the following:	
	Dina Bo	Name of Person	
Dir	na Badara	ccàs White Gi	love Cleaning UC
23	Blare Co	Address Deive	
Pali	n Coast	FL 3213	7
dinal	Who Q Va	City/State and Zip Code  O CO CO CO  d for future annual report notifications	ation)
For further informatio	n concerning this matter, plea	ase call:	
Dina Bo	ne of Person	386 503-6- Area Code Daytime Te	HG lephone Number
Enclosed is a check fo	r 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)
Mai	ling Address	Street/Courier Add	ress

Registration Section

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Qua Badaracco's White Glove Clean (Must end with the words "Limited Liability Company, "L.L.C.," or "LL	ning	XL	۲
emust end with the words "Limited Liability Company, "L.L.C.," or "LL		)	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compan	y is:		
Palm Coast FC 32137 Palm Coast 1	e Dr	ive 1213	;7
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designal another business entity with an active Florida registration.)	te an indiv	idual or	
The name and the Florida street address of the registered agent are:  Dina Backa Coste Da.  Florida street address (P.O. Box NOT acceptable)  Palm Cost FL 32137  City Zip			
Having been named as registered agent and to accept service of process for the above stated little place designated in this certificate, I hereby accept the appointment as registered agent capacity. I further agree to comply with the provisions of all statutes relating to the proper an of my duties, and I am familiar with and accept the obligations of my position as registered accepted 605, F.S  Chapter 605, F.S  Registered Agent's Signature (REQUIRED)	and agree ad complete	to act ir e perfor	n this mance
·	TA'S	22	
Page 1 of 2	SECRETARY OF VLLAHASSEE, F	2014 FEB 27 AF	

se attachment if necessary)  V: Effective date, if other than the date of filing:  Signature of a member or an authorized representative of a member.  (In accordance with section 695 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.)  Typed or printed name of signee  Filing Fees:	<u>Citle:</u>	Name and Address:
se attachment if necessary)  V: Effective date, if other than the date of filing:	MBR" = Authorized Member	2
se attachment if necessary)  V: Effective date, if other than the date of filing:		Ding Bodamuca
se attachment if necessary)  V: Effective date, if other than the date of filing:		777
Signature of a member or an authorized representative of a member.  (In accordance with section 6095 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.)  Typed or printed name of signee  Filting Fees:	HMPC	Palm Chast FC 32137
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Page 2 of 2