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EFFECTIVE DATE 03-25-14

B. BOSTICK

APR - 3 2014

EXAMINER

Registration Section **Division of Corporations** SUBJECT: 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: Firm/Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount:

**Mailing Address** 

□ \$125.00 Filing Fee

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

□\$130.00 Filing Fee &

Certificate of Status

Street/Courier Address

□\$155.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

\$160.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	TI	$\mathbf{CI}$	Æ	I - 1	Nя	me:

The name of the Limited Liability Company is:

## TAMPA BAYAREA CLEANING LLC

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

## ARTICLE II - Address:

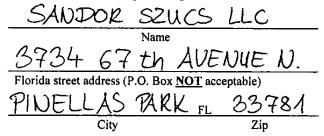
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
5004 E FOWLER AVE #208 53617 TAMPA, FL	5004 E FOWLER AVE # 33617 TAMPA, FL
	4-4

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:



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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
AMBR" = Authorized Member MGR" = Manager	04120-10 621160
MGR" = Manager "AMBR"	SANDOR SZUCS 5004 E FOWLER AVE #208
	33617 TAMPA, FL
"MGR"	MONIKA TOME
TIGK	5004 E FOWLER AVE #208
	33617 TAMPY, FL
<u> </u>	
Use attachment if necessary)	
ctive date is listed, the date must b f filing.)	e date of filing: <u>03/25/2014</u> . (OPTIONAL) be specific and cannot be more than five business days prior to or 90
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ctive date is listed, the date must be filling.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
REOUIRED SIGNATURE:  Signature of (In accordance with sectic constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
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