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K. SALY EXAMINER

MAY 27 2014

## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations		
SUBJECT: SJP'S Quality Name of Limit	Cleaning Served Liability Company	ervice L.L.C
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Sonya Her	rring Pau Name of Person	1
SJP's Quali-		
3819 Wells Stree	<u>e</u> +	
	Address	
Orlando Florich	a 32805	
City	/State and Zip Code	
Sanyapl ( yah 00. E-mail address: (to be used for	or future annual report notifica	tion)
For further information concerning this matter, please	call:	
Sonya Paul at (4) Name of Person	(U7) <u>545-031</u> Area Code Daytime Tel	ephone Number
Enclosed is a check for the following amount:		
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	Street/Courier Addr	<u>ess</u>

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

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:
SJP'S Quality Cleaning Service L.L.C."  (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:  3819 Wells Street Orlando Fla 32805 Orlando, Fla 32805
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.)
Sonya Perring Pau Name  3819 Jels Street Florida street address (P.O. Box NOT acceptable) Or Corol FL 32805  City Zip  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 acmiply 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, FS.  Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Citle: AMBR" = Authorized Member MGR" = Manager	Name and Address:
MGR	Sonya Herring Paul 3819 Wells Street Orlando Fl 328105
	N/A
Use attachment if necessary)	
·	of filing: (OPTIONAL)
tive date is listed, the date must be spe filing.)	ceffic and cannot be more than five business days prior to or 5
	ecific and cannot be more than five business days prior to or 9

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)