614000094422

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	> #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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ALEAHASSEE FINBINA

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COVER LETTER

	tration Section on of Corporations	•
SUBJECT:	Grimes =	Tanitorial Service LLC
5000000		Limited Liability Company
The enclosed A	rticles of Organization and fee(s) are submitted for filling.
Please return al	l correspondence concerning th	is matter to the following:
	Bruc	Name of Person
		Name of Person
	Grime	s Janitorial Service LL C
		Firm/Company
	101	Heathrow Drive
	Davto	City/State and Zip Code mes@yahoo.com used for future annual report notification)
	1	City/State and Zip Code
 	E-mail address: 40 be	used for future annual report notification)
For further info	rmation concerning this matter,	
•	L Grimes ;	at (386) 589 ~ 7471 Area Code Daytime Telephone Number
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a ch	neck for the following amount:	_
3 \$125.00 Filing	Fee \$130.00 Filing Fee of Certificate of Status	
	Mailing Address	Street/Courier Address
	Registration Section Division of Corporations	Registration Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
		Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Primes 7							
	(Must end with the v	vords "Limited	Liability Co	ompany, "L.L.	C.," or "LLC."	")		
ARTICLE II - Add The mailing address	dress: s and street address of	the principal o	ffice of the I	Limited Liabili	ity Company is	s:		
Principal Office A	ddress:		Mailing	Address:				
IDI He	athrow D	C) VA.			h ~ 21	Acies.		
Dayton	athrow Daniel	FL 32114	Da	vtona	Beach,	FL 3a	114	
ARTICLE III - Re	gistered Agent, Regis	stered Office,	& Registere	ed Agent's Sig	nature:			
(The Limited Liabil	ity Company cannot so	erve as its own	Registered /			n individual	o r 	
another business er	ntity with an active Flo	rida registratio	1.)				\equiv	chur 7
The name and the F	lorida street address o					25.5.	0	40.65
_	Sn	Name 8 0995	ok P.M	И.		쏡꼭		iller and
		Name		4		u.c.	PH	9
	594.	3 80,00	Fort	pl.			ા ખુ	्रम् _{र स्टब्स्}
	Florida street add	iress (P.O. Box	NOT accer	table)		25. 26.25.	ည	, profit
	Port	Orang.	6 C1	22/21	7	>		
		City		Zip				
				C	and the state of the state of	to tes.		
	d as regisiered agent a ated in this certificate.							
capacity. I furthe	r agree to comply with	the provisions of	of all statutes	s relating to the	e proper and c	omplete perfe	ormana	ce
of my duties, and	l I am familiar with and		igations of n er 605, F.S		registered agei	nt as provided	d for in	7
		Спарі	U U(U), I .U					

(CONTINUED)

Registered Agent's Senature (REQUIRED)

Page 1 of 2

<u>Γitle:</u>	Name and Address:
AMBR" = Authorized Member	_
MGR" = Manager	Bruce Grimac
	101 Heathrow Drive
	Daytona Beach, FL
	32/1/
	
	Arts Care
	(V)
<u> </u>	
	77 2
	1. الله الله الله الله الله الله الله الل
V: Effective date, if other than the dative date is listed, the date must be	ate of filing:
V: Effective date, if other than the dative date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a to the constitutes an affirmation under the constitutes an affirmation under the constitutes are affirmatio	nember or an authorized representative of a member. 605.0203 (1) (b). Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.
VI: Other provisions, if any. VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a to a constitutes an affirmation under that any false indiconstitutes a third degree fel	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)
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