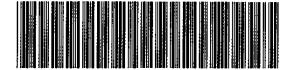
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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER :

TO:	Registration Division of G	Section Corporations		
SUBJI	ECT: <u>J/Rack</u>	Cleaning LLC Name of Lin	nited Liability Company	
		Name of En	ince Elability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	natter to the following:	
	<u>Jennifer</u>	Rackley		
			Name of Person	
	J/Rack C	leaning LLC		
			Firm/Company	
	PO Box	863		
			Address	
	Gibsonto	n, FL 33534		
	:	C	City/State and Zip Code	
<u>su</u>	ırvival710@gı	nail.com E-mail address: (to be use	d for future annual report notification	ation)
For fur	ther informatio	n concerning this matter, ple	ase call:	
<u>Jennif</u>	<mark>er Rackley</mark> Nar	at ({	813) <u>486-1796</u> Area Code Daytime Te	lephone Number
			·	•
Enclos	ed is a check fo	or the following amount:		
□ \$125.0	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)
	Ma	iling Add <u>ress</u>	Street/Courier Add	ress

12 6 T

Registration Section 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:			
J/Rack Cleaning LLC			
	Liability Company, "L.L.C.," or "LLC.")	-	
ARTICLE II - Address: The mailing address and street address of the principal of	ffice of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
J/Rack Cleaning LLC 11507 Misty Isle Lane	J/Rack Cleaning LLC PO Box 863	- -	
Riverview, FL 33579	Gibsonton, FL 33534	=	
ARTICLE III - Registered Agent, Registered Office, & The Limited Liability Company cannot serve as its own another business entity with an active Florida registration. The name and the Florida street address of the registered	Registered Agent. You must designate an indivi n.)	2814 SEC	
Jennifer Rackley		E T	1
Name		2 F	_
11507 Misty Isle Lane			
Florida street address (P.O. Box	NOT acceptable)	平 星	_
Riverview	FL 33579	SE W	
City	Zip	受用 ま	
Having been named as registered agent and to accept ser the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the oblined in the complex of the control o	the appointment as registered agent and agree to of all statutes relating to the proper and complete ligations of my position as registered agent as protect 605, \$\int_{\text{S}}\$ ture (REQUIRED)	to act in this e performance	

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Membe	
"MGR" = Manager	
MGR	Jennifer Rackley
	11507 Misty Isle Lane
	Riverview, FL 33579
	
E V: Effective date, if other that extive date is listed, the date m	the date of filing:
EV: Effective date, if other that extive date is listed, the date m of filing.)	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 day
(Use attachment if necessary) E V: Effective date, if other that extive date is listed, the date mof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	the date of filing:
E V: Effective date, if other that ective date is listed, the date must filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signatur (In accordance with seconstitutes an affirmation aware that any filling its constitutes and affirmation aware that any filling its constitutes are affirmation as a second constitutes and affirmation are also constitutes and also constitutes are also constitutes and affirmation are also constitutes and also constitutes and also constitutes are also constitutes are also constitutes and also constitutes are also constitutes are also constitutes	of a member or an authorized representative of a member oction 605.0203 (1) (b), Florida Statutes, the execution of this document lise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)
E V: Effective date, if other that extive date is listed, the date in filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signatur (In accordance with seconstitutes an affirmation aware that any feconstitutes a third deposition.)	e of a member or an authorized representative of a member rection 605.0203 (1) (b), Florida Statutes, the execution of this socument lion under the penalties of perjury that the facts stated herein are true. Itse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)
E V: Effective date, if other that extive date is listed, the date in filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signatur (In accordance with seconstitutes an affirmation aware that any feconstitutes a third deposition.)	of a member or an authorized representative of a member ection 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true.
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