(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	TIAW [	MAIL.
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700261718797

07/09/14--01018--005 \*\*155.00

JUL - 9 2014

T. BROWN

## **COVER LETTER**

Registration Section

}	Division of Corporations
	SUBJECT: Fabulously clean maide services LLC
	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:
	Crystal Manners
	Name of Person
	Fabulously clean maide services LLC
	Firm/Company
	86096 Britt lynn In.
	Address
	Yulee,FI,32097
	City/State and Zip Code
	fabulouslycleanmaideservices@gmail.com E-mail address: (to be used for future annual report notification)
	For further information concerning this matter, please call:
	Crystal Manners at (904 ) 729-1427  Name of Person Area Code Daytime Telephone Number
Г	Enclosed is a check for the following amount:
_	☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee,  Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Registration Section
	Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
	runningsee, rel 2021 i 2001 Encounte Control

2661 Executive Center Circle Tallahassee, FL 32301

EFFECTIVE DATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	pany is:		TAPE T
Fabulously clean maide services LI (Must end with the	<u>_C</u> e words "Limited Liability	Company, "L.L.C.," or "I	1. C. 7) SEE CO.
ARTICLE II - Address: The mailing address and street address	of the principal office of th	e Limited Liability Comp	any is: PLONIE
Principal Office Address:	<u>Maili</u>	ng Address:	Dr.
86124 Britt iynn in Yulee, Fl. 32097			
ARTICLE III - Registered Agent, Re (The Limited Liability Company canno another business entity with an active f	t serve as its own Register		nate an individual or
The name and the Florida street address	s of the registered agent are	<b>::</b>	
Sarah Taylor			
	Name		
86124 Britt lyr Florida street a	nn In address (P.O. Box <u>NOT</u> ac	ceptable)	
Yulee	FL	32097	
	City	Zip	
Having been named as registered agen the place designated in this certifica capacity. I further agree to comply w of my duties, and I am familiar with	te, I hereby accept the appoint the provisions of all state.	ointment as registered ager utes relating to the proper of my position as registered	nt and agree to act in this and complete performance

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>litle:</u>	Name and Address:
AMBR" = Authorized Member	<del></del>
MGR" = Manager	
MGR	Crystel Manners
- <del></del>	86096 Britt lynn In
	Yulee, Fl. 32097
MGR	Sarah Taylor
TO TO THE TOTAL PROPERTY OF THE TOTAL PROPER	86124 Brittiynn In
	Yulee, Fl. 32097
	Tules, 1 ). 32001
<del> </del>	
Use attachment if necessary)	
ctive date is listed, the date must be speci	filing: 07/03/2014 . (OPTIONAL) fic and cannot be more than five business days prior to or
ctive date is listed, the date must be speci f filing.)	
ctive date is listed, the date must be speci f filing.)	
ctive date is listed, the date must be speciffiling.)  EVI: Other provisions, if any.	
ctive date is listed, the date must be specifiling.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:	ific and cannot be more than five business days prior to or
ctive date is listed, the date must be specifiling.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:	ific and cannot be more than five business days prior to or
ctive date is listed, the date must be specifiling.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:	arah Taylor Saylo
ctive date is listed, the date must be specifiling.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:	arah Taylor Southern five business days prior to or ber or an authorized representative of a member.
Extive date is listed, the date must be specifiling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memical (In accordance with section 605.0)	arah Taylor Series of a member.  20203 (1) (b), Florida Statutes, the execution of this document
Signature of a memi (In accordance with section 605.0 constitutes an affirmation under t	arah Taylor ber or an authorized representative of a member.  2203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
Signature of a memi (In accordance with section 605.0 constitutes an affirmation under to a may	arah Taylor ber or an authorized representative of a member.  20203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.  ation submitted in a document to the Department of State
Signature of a memi (In accordance with section 605.0 constitutes an affirmation under to a may	arah Taylor ber or an authorized representative of a member.  2203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
Signature of a memi (In accordance with section 605.0 constitutes an affirmation under to 1 am aware that any false informations at third degree felony and the section 605.0 constitutes at third degree felony and the section 605.0 constitutes at the section 605.0	arah Taylor ber or an authorized representative of a member.  20203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.  ation submitted in a document to the Department of State
Signature of a mem  (In accordance with section 605.0 constitutes an affirmation under to I am aware that any false information constitutes a third degree felony a Sarah Taylor	arah Taylor ber or an authorized representative of a member.  20203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.  ation submitted in a document to the Department of State
Signature of a mem  (In accordance with section 605.0 constitutes an affirmation under to a may a ware that any false information constitutes a third degree felony a Sarah Taylor	ber or an authorized representative of a member.  3203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. attion submitted in a document to the Department of State as provided for in s.817.155, F.S.)
Signature of a mem  (In accordance with section 605.0 constitutes an affirmation under to a may a ware that any false information constitutes a third degree felony a Sarah Taylor	arah Taylor ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document he penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)  Typed or printed name of signee
Signature of a memi (In accordance with section 605.0 constitutes an affirmation under to a may a ware that any false information states at third degree felony a sarah Taylor.	ber or an authorized representative of a member.  20203 (1) (b), Florida Statutes, the execution of this document he penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:
Signature of a memi (In accordance with section 605.0 constitutes an affirmation under to a may a ware that any false information section 605.0 Sarah Taylor	arah Taylor ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document he penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)  Typed or printed name of signee