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(Re	questor's Name)	
(Ad-	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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JUL 2 5 2014

T. BROWN

COVER LETTER

Division of Corporations
SUBJECT: Gabby's Cleaning Service L.L.C. 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:
Gabrielle Williams
Name of Person
Firm/Company
3782 Roswell Drive
Address
Tallahassee FL 32310 City/State and Zip Code
9ab25workschaughoo.com E-mail address: (to be used for Juture annual report notification)
For further information concerning this matter, please call:
Gabrielle Williams at (850) 321-2971 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Status Stat
Stand County Address

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FFECTIVE DATE
7-25-14

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	ORIDA LIMITED LIABILITY COMPANY
Gaboy's Cleaning (Must end with the words "Limited L	Service L.L. C iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3782 Roswell Drive Tallahassee, FL 32310	3782 Roswell Drive Tallchassee FL 32310
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)	egistered Agent, You must designate an individual or
The name and the Florida street address of the registered a	gent are:
Gabriele Wi	lliams
3782 Roswell	Drive
Florida street address (P.O. Box 1	
Tallahassee	FL 32310 Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S
(CONTINUE	D) '

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Gabrielle Williams 3782 Roswell Drive Tallahassee FL 32310
(Heapttochmont if nagagnous)	1 1
of filing.)	of filing: 725/4 (OPTIONAL) ecific and cannot be more than five business days prior to or
LE V: Effective date, if other than the date fective date is listed, the date must be spe of filing.)	
LE V: Effective date, if other than the date fective date is listed, the date must be spe	
E V: Effective date, if other than the date fective date is listed, the date must be spend of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infort constitutes a third-degree felon	

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