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Special Instructions to	Filing Officer:	
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COVER LETTER

	egistration Section ivision of Corporations		÷	
SUBJECT	: Keeping-It	clea lame of Li	in Cleaning	Services.
The enclose	ed Articles of Organization as	nd fee(s) a	are submitted for filing.	
Please retur	rn all correspondence concern	ning this n	natter to the following:	
	Jin H	larpe	Name of Person	Fucht
	Keeping-	.,+-	Clean Cleani Firm/Company	ng Services
	P.O. Bo	× (065	
			Address	
	Palm H	arbo	City/State and Zip Code	······································
	E-mail address:	- / / / <i>O</i> : (to be use	a gmail.com	ation)
For further	information concerning this r	matter, ple	tase call:	
Jin	Name of Person	at (_	72-7 647 - 41 Area Code Daytime Tel	95 Lephone Number
Enclosed is	s a check for the following am	nount:		
⊠\$ 125.00 Fi	ling Fee S130.00 Filin Certificate of	_	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Nonette Four	h+
Namo	···
1921 Chesa per Florida street address (P.O. Bo	ake Ct.
Florida street address (P.O. Bo	x NOT acceptable)
Oldsmar	FL 34677
City	Zip

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

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 act in this capacity. I further agree to comply 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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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The name and address of each person authorized to manage and control the Limited Liability Company.

<u>Title:</u> "AMBR" = Authorized Me	Name and Address:
"MGR" = Manager MGR_	Nanette Fucht 1921 Chesapeake Ct. Oldsmar. Fl 34677
AMBR	J.11 Harper 288 Whisper Lake Rd. Palm Harbor, FL 34683
(Use attachment if necessa	•
ARTICLE V: Effective date, if othe If an effective date is listed, the date date of filing.)	nan the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days aft
ARTICLE VI: Other provisions, if a	
REQUIRED SIGNATUR	te a Focht
(In accordance w constitutes an aff I am aware that a	are of a member or an authorized representative of a member. a section 605.0203 (1) (b), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State

Filing Fees:

Navette A Fort Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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