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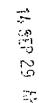
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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lynn Max Cleaning Service, U.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:
Maxisimican Perez Name of Person
Lynn Max Cleaning Service, UL
4037 Church St. Address
Snewds, 71, 32460 City/State and Zip Code
Ynnmex 1959@gmail.Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$125.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, 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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The mailing address and street address of the principal office of the Limited Liability Company is:

ARTICLE I - Name:

**ARTICLE II - Address:** 

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
8037 Church St. Sneeds, 71.32460	8037 Church St Sneucls, 71 32410	<u>.</u>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida reg	its own Registered Agent. You must des	
The name and the Florida street address of the reg	gistered agent are:	
Maxisimic	n Perez	
8037 Church Florida street address (P.	O. Box NOT acceptable)	
Smads	FL 32466 Zip	
Having been named as registered agent and to act the place designated in this certificate, I hereby capacity. I further agree to comply with the proof my duties, and I am familiar with and accept	y accept the appointment as registered ag visions of all statutes relating to the prop	gent and agree to act in this er and complete performance
Rogistered Agent's	s Signature (REQUIRED)	ALS 4.0
(CON	YTINUED)	
Pa	ge 1 of 2	

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager  GR	Speeds 71, 32460	<u>-</u>
AmbR	Maxisimian Jeses 8037 Church St. Snewds, FL 32460	
		<del></del>
(Use attachment if necessary)  LE V: Effective date, if other than the date of file	ing: (OPTIONAL)	
LE V: Effective date, if other than the date of fil	ing: (OPTIONAL) and cannot be more than five business days prior to o	or 90 d
LE V: Effective date, if other than the date of file fective date is listed, the date must be specific of filing.)	ing: (OPTIONAL) and cannot be more than five business days prior to o	or 90 d
LE V: Effective date, if other than the date of file fective date is listed, the date must be specific of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE!  Signature of a member (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as provided the section of t	r or an authorized representative of a member.  33 (1) (b), Florida Statutes, the execution of this docume penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State provided for in s.817, 55, F.S.)	ent
LE V: Effective date, if other than the date of file fective date is listed, the date must be specific of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE!  Signature of a member (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as provided the section of t	r or an authorized representative of a member.  33 (1) (b), Florida Statutes, the execution of this docume penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State provided for in s.817,155, F.S.)  Mrah Ped or printed name of signee	ent
LE V: Effective date, if other than the date of file fective date is listed, the date must be specific of filing.)  LE VI: Other provisions, if any.  REOUIRED SIGNATURE!  Signature of a member (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as provided in the section of the section o	r or an authorized representative of a member.  33 (1) (b), Florida Statutes, the execution of this docume penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State provided for in s.817, 55, F.S.)	ent

ARTICLE IV-

Page 2 of 2