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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
•	Office Use On	



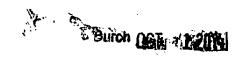
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SECRETARY OF STATE
ARCAN ASSEE, FLORID



COVER LETTER

2.

2661 Executive Center Circle Tallahassee, FL 32301

то:	Registration Section Division of Corporations		
SUBJE		Houseclean	ing, LC
The enc	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please r	return all correspondence concerning this m	natter to the following:	
	Yadira	Reinoza	·-
	1	Name of Person	
		Firm/Company	_
	2904 E. Mic	chisan St.	
		Adartess 	
	Orlando, F	L 32801	•
	Vadirateino	City/State and Zip Code 2aa Att. M d for future annual report notifica	ntion)
For furt	her information concerning this matter, ple	ase call:	
Jac	diva Reinoza at (407, 719-1	Lephone Number
Enclose	ed is a check for the following amount:		
		► □\$155.00 Filing Fee & 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	Street/Courier Adds Registration Section Division of Corporat Clifton Building	

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A Rel	iable Ho	ouser le	zaning,	LLC	<u> </u>
(Must end	with the words "Limited Li	iability Company, "L.	.L.C.," or "LLQ."		
ARTICLE II - Address: The mailing address and street a	address of the principal office	ce of the Limited Lia	bility Company is:		
Principal Office Address:		Mailing Address:			
2904 E. Mic	higanSt. € 38BOG	SAME	A	14 S	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	y cannot serve as its own Re	egistered Agent. You			
The name and the Florida street	address of the registered as	gent are:	<u> </u>	STATE STATE LORIDA	•
29 Floride	of E, Wich street address (P.O. Box N	OT acceptable)	<u>St.</u>		
00	-lando City	FL 328	Dle		
Having been named as register the place designated in this c capacity. I further agree to co	certificate, I hereby accept th	he appointment as reg	gistered agent and agr	ree to act in th	is

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)

Page 1 of 2

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Yadira Reinoza 2904 E. Michigan St. Orlando, FL 32806
	TALLAHASSE
(Use attachment if necessary) FICLE V: Effective date, if other than the dat n effective date is listed, the date must be state of filling.)	te of filing: (OPTION TO THE pecific and cannot be more than five business days prior of the property of the pecific and cannot be more than five business days prior of the pecific and cannot be more than five business days prior of the pecific and cannot be more than five business days prior of the pecific and cannot be more than five business days prior of the pecific and cannot be more than five business days prior of the pecific and cannot be more than five business days prior of the pecific and cannot be more than five business days prior of the pecific and cannot be more than five business days prior of the pecific and cannot be more than five business days prior of the pecific and cannot be more than five business days prior of the pecific and cannot be more than five business days prior of the pecific and cannot be more than the pecific and cannot be appeared by the
FICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Laudhei -
(In accordance with section 6 constitutes an affirmation und	nember or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)