

L14000185493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

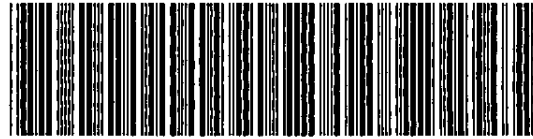
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC - 4 2014

T. BROWN

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Sunshine Kleaning 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:

Mayra Garcia-Cruz

Name of Person

Sunshine Kleaning LLC

Firm/Company

4753 21st sw

Address

Lehigh Acres, FL 33973

City/State and Zip Code

garcia.mayra52@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mayra Garcia-Cruz

Name of Person

at ( 305 )

Area Code

975-4222

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$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  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



**FLORIDA DEPARTMENT OF STATE**  
**Division of Corporations**

November 7, 2014

**MAYRA GARCIA-CRUZ**  
**SUNSHINE KLEANING LLC**  
**4753 21 ST SW**  
**LEHIGH ACRES, FL 33973**

**SUBJECT: SUNSHINE KLEANING LLC**  
**Ref. Number: W14000067648**

**RECEIVED**  
**14 DEC -3 AM 10:00**  
**DIVISION OF CORPORATIONS**  
**BUREAU OF COMMERCIAL**  
**INFORMATION SERVICES**

We have received your document for **SUNSHINE KLEANING LLC** and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on November 5, 2014. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

**Teresa Brown**  
**Regulatory Specialist II**

**Letter Number: 714A00023860**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Sunshine Kleaning LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

Mayra Garcia-Cruz  
4753 21 St SW  
Lehigh Acres, FL 33973

**Mailing Address:**

Mayra Garcia-Cruz  
4753 21 St SW  
Lehigh Acres, FL 33973

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Mayra Garcia  
Name  
4753 21 St SW  
Florida street address (P.O. Box **NOT** acceptable)  
Lehigh Acres FL FL 33973  
City Zip

*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.*

Mayra Garcia  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
17 DEC -3 PM 2:25  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

President

**Name and Address:**

Mayra Garcia-Cruz

4753 21 St SW

Lehigh Acres, FL 33973

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(Use attachment if necessary)

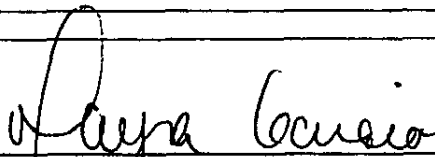
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Mayra Garcia-Cruz

Typed or printed name of signee

**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)**