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(Requestor's Name)		
(Address)		
(Ad	dress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies		of Status
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12/23/14--01001--014 **40.00

2014 DEC 23 AM 9: 25

2014 DEC 23 AM 9: 2

DEC 23 2014 D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Thoriba Cleaning Company 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:
Allan Doe Paris ORtiz Name of Person
Firm/Company LLQ.
2481 NE Coach Man Rd #720 Address
Clear water 7 33765. City/State and Zip Code
Pakisallan 1979@ 9 mail com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Allan Doe Paris Optic at (813) 403 do 48 or (327) 678-49 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, Certified Copy (additional copy is enclosed) 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 Tallahassee, FL 32314 P.O. Box 6327 Tallahassee, FL 32314 P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Thoriba Cleaning Company 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: Mailing Address: Mailing Address: Clearwater 7133765
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:
Allan Doe Paris ORtiz
· vario
2481 DE Coachman Rd #730
Florida street address (P.O. Box NOT acceptable)
City FL 33765
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 608, F.S Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2



The name and address of each person authorize	zed to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager (CyR-Alla M. D. Caris O Rtiz	Mare and Address: MGR - Allan Woe Paris Ortiz 2481 DE Cogghman Rd-#720 Clearwater Fl 33765
	ling: (OPTIONAL) c 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:	w Re-Otto
(In accordance with section 605.026 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as	r or an authorized representative of a member. 03 (1) (b), Florida Statutes, the execution of this document 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.)
$L(u_{\alpha}, \gamma)$	100 KIS /)C.3

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

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