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INVISION OF COMPORATIONS

# **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: North Florida Cle Name of Limit	Conuncy 3 Jen ed Liability Company	<del>Udrial</del> Services
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this matt	ter to the following:	
Genrell	Eyons / I	-bword Brocks
	Firm/Company	· · · · · · · · · · · · · · · · · · ·
	TimeCompany	
2332 Merrigo	un Place	
· · · · ·	Address	,
allaho	assee Fl. 3	0309
	//State and Zip Code	
E-mail address: (to be used)	or future annual report notifica	tion)
For further information concerning this matter, please	call:	
Cennell Evans at (8) Name of Person	Area Code Daytime Tele	O499 ephone Number
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\text{Certificate of Status}\$	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 name of the Limited Liability Company is:	•		
Morth Florida Cleaning 3 Jantrial Serv (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	<u>:ce</u> 1	LL(	$\sim$
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address: Mailing Address:			
431 Lincoln St. 32333 L. Source	<del>-</del>		
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 inanother business entity with an active Florida registration.)	ndividual	or	
The name and the Florida street address of the registered agent are:			
Gennell Evans			
Name  LOLLONG 57  Florida street address (P.O. Box NOT acceptable)			
ttovaner FL 32333			
Having been named as registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as registered agent and acceptive. I further agree to comply with the provisions of all statutes relating to the proper and comply duties, and I am familiar with and accept the obligations of my position as registered agent to Chapter 605, F.S	gree to ac. iplete perj	t in this formanc	re
Registered Agent's Signature (REQUIRED)	PAGE AND	15 JAN 13	工工工工
(CONTINUED)		70	G6\$
Page 1 of 2		<del></del>	<u> </u>

Title:	Name and Address:
"AMBR" = Authorized Member	Name and Address.
"MGR" = Manager	Consoll Figors
<u> </u>	43/ Lingin St Hovaneut 3233
	<u> </u>
110-P	Thursd P 2 de
1100	2332 Necrigan Pl
	Tally FL 32309
(Use attachment if necessary)	
fective date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after
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REQUIRED SIGNATURE:	Specific and cannot be more than five business days prior to or 90 days after
REQUIRED SIGNATURE:  Signature of a (In accordance with section)	member or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation u	member or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in	member or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.  nformation submitted in a document to the Department of State
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