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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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2015 JAN 12 PM 3: 08
SECRETARY OF STATE
AND ANASSEE FLORID.

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COVER LETTER

	iling Address	Street/Courier Add			
\$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 enclo		
Enclosed is a check for	or the following amount:		ILA7 SEE FLORIDA	80	S. Self-sky
Nat	ne of Person	Area Code Daytime Te	lephone Number	u ယ	-
JER	EMV SEARLE at (127) 243 - Area Code Daytime Te	1127 mg	.o	r
	on concerning this matter, plea		ASS	JAN 12 PM 3: 0	
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	Jeremysear	ty/State and Zip Code Le Q y mail Cov d for future annual report notification	n Zon	2015	
**************************************	, ,	City/State and Zip Code		_	
	SPRING	H, // FL	34610		
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		Name of Person	·		
	JEREMY	Name of Person	RLE	_	
i lease return an cont		, -			
	espondence concerning this m	_			
The enclosed Articles	s of Organization and fee(s) a	re submitted for filing			
SUBJECT:	Jeremy Name of Li	'S CLEANIN mited Liability Company	6, L.L.C.		
Division of	Corporations	0			

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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:	
JEREMY'S CL (Must end with the words "Limite	EANING, 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:
16638 BOSLEY DR SPRING HILL, FL 34610	PO BOX 11112 Spring Hill, FC 34610
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registration	n Registered Agent. You must designate an individual or
The name and the Florida street address of the registere	
ROBYN	E SEARLE OSLEY DR OX NOT acceptable)
Nam	ne e
14620 B	OSLEY DR
Florida street address (P.O. Bo	ox NOT acceptable)
SPRING HILL	FL7/34610 Zip
City	Zip
the place designated in this certificate, I hereby acce capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the o Cha	ervice of process for the above stated limited liability company at pt the appointment as registered agent and agree to act this so of all statutes relating to the proper and complete performance bligations of my position as registered agent as provided for in other 605, F.S
Registered Agent's Sign	ature (REQUIRED)
(10 A
(CONŢINI	J ED)

Page 1 of 2

AMBR" = Authorized Member 'MGR" = Manager AMBR	JEREMY W SEARLE 16638 BOSLEY DR SPRING HIII 71 34610
	ILLEGAS BOSLEY DR SPRING HIII 71 34610
·	ILLEGAS BOSLEY DR SPRING HIII 71 34610
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Use attachment if necessary)	
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REQUIRED SIGNATURE:	
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Signature of a member of a coordance with section 605.0203	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document
Signature of a member of (In accordance with section 605.0203 constitutes an affirmation under the p	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document renalties of perjury that the facts stated herein are true.
Signature of a member of (In accordance with section 605.0203 constitutes an affirmation under the plan aware that any false information	or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document renalties of perjury that the facts stated herein are true, submitted in a document to the Department of State
Signature of a member of (In accordance with section 605.0203 constitutes an affirmation under the p	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document benalties of perjury that the facts stated herein are true. I submitted in a document to the Department of State rovided for in s.817.155, F.S.)
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