L15000013645

(F	Requestor's Name)
(A	address)
(<i>f</i>	oddress)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(C	Occument Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:

Office Use Only



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12/18/14--01002--009 **125.00

15 JAN - 1 PH 2: 4:5

EFFECTIVE DATE

'JAN 2 6 2015

T. BROWN

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 100 ng's Cleaning Services (LC) 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:
David Young Name of Person
Name of Person
Young's Cleaning Services LLC Firm/Company
414 N. Railroad Ave
Haines City, FL
Haines City, Fl Joines City, State and Zip Code Joines Canage years con E-mail address: No be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (863) 216 -9028 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status 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 2661 Executive Center Circle Tallahassec, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 23, 2014

DAVID YOUNG 414 N RAILROAD AVE HAINES CITY, FL 33844

SUBJECT: YOUNGS CLEANING SERVICES LLC.

Ref. Number: W14000076029

We have received your document for YOUNGS CLEANING SERVICES LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P02000021102.

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: 014A00027133

ARTICLE I - Name:
The name of the Limited Liability Company is:

(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:

EFFECTIVE DATE

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:

Name

Name

LIM N. Raibord Ave

Florida street address (P.O. Box NOT acceptable)

Hainer City FL 39844

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..

Registered Agent's Signature (REOURED)

(CONTINUED)

Page 1 of 2

<u>litle:</u> AMBR" = Authorized Member	Name and Address:
MGR" = Manager	David Young 414 N. Radroad Are
·	Hainer Gy FL STENY
AMTOR	Tracic Young 414 N. Kailand Ave
	Hainer City, FL 33814
V: Effective date, if other than the date of the date is listed, the date must be spe	of filing: Jaman 1, 2015 (OPTIONAL) cific and cannot be more than five business days prior to or
V: Effective date, if other than the date of tive date is listed, the date must be spe filing.)	of filing: <u>January 1, 2015</u> (OPTIONAL) cific and cannot be more than five business days prior to or
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