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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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EXAMINER
JAN 27 2015

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Sparkle 'n' Shine Maid Service, LLC
SUBJE	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Olesya McCall
	Name of Person
	Sparkle 'n' Shine Maid Service, LLC
	Firm/Company
	1406 Ohio Avenue
	Address
	Palm Harbor, FL 34683
	City/State and Zip Code
	wisereplies@aol.com
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
+	Olesya McCall 366-3026
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
٦ .	0 Filing Fee \$\ \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\ \text{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 Tailahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit	ted Liability Company is:	,		د
	Sparkle 'n' Shin	e Maid Se	rvice. LLC	By By
	(Must end with the words "			
ARTICLE II - Addr The mailing address a	ess: and street address of the prin	ncipal office of t	he Limited Liab	oility Company is:
Principal Office Add	lress:	Mailing Add	ress:	707 75
1406	Ohio Avenue		1406 O	hio Avenue
Palm Ha	rbor, FL 34683		Palm Hart	oor, FL 34683
The name and the Flo	rida street address of the re	gistered agent a esya McCa Name		
	1406	Ohio Aven	110	
	Florida street address (F			
	Palm Harbo		34683)
	City		Zip	
the place designat capacity. I further o	ed in this certificate, I herel agree to comply with the pro	by accept the apportisions of all states of the obligations. Chapter 605,	pointment as regulations of my position of F.S	above stated limited liability company at istered agent and agree to act in this the proper and complete performance as registered agent as provided for in
	(CO	NTINUED)		

Page 1 of 2

<u>Citle:</u> AMBR" = Authorized Member	Name and Address:
MGR" = Manager	2
MBR	Olesya McCall 1406 Ohio Avenue
	Palm Harbor, FL 34683
MBR	
MBR	
	File
	50
	
V: Effective date, if other than the tive date is listed, the date must b	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
Use attachment if necessary) V: Effective date, if other than the ctive date is listed, the date must be filing.) VI: Other provisions, if any.	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
V: Effective date, if other than the ctive date is listed, the date must b filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
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V: Effective date, if other than the ctive date is listed, the date must b filing.) VI: Other provisions, if any. EEOUIRED SIGNATURE: Signature of a (In accordance with sect constitutes an affirmati 1 am aware that any fal	e specific and cannot be more than five business days prior to or 90
V: Effective date, if other than the ctive date is listed, the date must b filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with sect constitutes an affirmating lam aware that any fall)	Remander than five business days prior to or 90 amember or an authorized representative of a member. Sion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, se information submitted in a document to the Department of State
V: Effective date, if other than the ctive date is listed, the date must b filing.) VI: Other provisions, if any. EEOUIRED SIGNATURE: Signature of a (In accordance with sect constitutes an affirmati 1 am aware that any fal	Amember or an authorized representative of a member. cion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.)

ARTICLE IV-

Page 2 of 2