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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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EFFECTIVE DATE

02/18/15--01026--004 **130.00

2015 FEB 18 PM 5: 13

K. SALY EXAMINER FEB 2 5 2015

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: <u>PARADISE CLEANING & CARE</u> Name of Lii	LLC mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	ANTHONY C McNUTT	Name of Person	
	PARADISE CLEANING & CARE	LLC Firm/Company	
	1150 AIRPORT ROAD, UNIT #1	08 Address	
	DESTIN, FL 32541	City/State and Zip Code	
<u>.N/</u>	E-mail address: (to be use	d for future annual report notifica	ition)
For fur	ther information concerning this matter, plea	ase call:	
<u>ANT</u> H	ONY C. McNUTT at (§ Name of Person	350) <u>368-7636</u> Area Code Daytime Tel	lephone Number
	of Filing Fee \$\Bigsiz\$\$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 enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addr Registration Section Division of Corporati Clifton Building 2661 Executive Centr Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	EFFECTIVE DATE 2-15-2015
PARADISE CLEANING & CARE LLC	
(Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1150 AIRPORT RD, UNIT #8 DESTIN, FL 32541	1150 AIRPORT RD, UNIT#8 DESTIN, FL 32541
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) The name and the Florida street address of the registered ag	egistered Agent. You must designate an individual or
	#8 IOT acceptable) FL 32541 Zip Zip
ANTHONY C. McNUTT Name	
	是高 品
1150 AIRPORT ROAD, UNIT	#8
Florida street address (P.O. Box N	NOT acceptable)
DESTIN	FL 32541
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	tce of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Mem	Name and Address:
"MGR" = Manager	
"MGR"	ANTHONY C. McNUTT
	1150 AIRPORT ROAD, UNIT#8
	DECTAL EL COSAA
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	DESTIN, FL 32541
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CLE V: Effective date, if other t	han the date of filing: FEBRUARY 15, 2015 (OPTIONAL)
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Filing Fees:

Typed or printed name of signee

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

ANTHONY C, MCNUTT

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)