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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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03/13/15--01009--009 **125.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Beach Time Cleaning LLC. 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:
Onita Takacs Name of Person
Beach Time Cleaning LLC Firm/Company
4155 Malden way
Sarasota F1 34241 City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code
For further information concerning this matter, please call:
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 Registration Section

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

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Beach Time Cleaning (Must end with the words "Limited Liability Company)	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited	Liability Company is:
Principal Office Address: Mailing Addres	<u>ss:</u>
4155 Malden way 4155 Sarasota FI 34241 Savas	Malden way
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. Sanother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	·
Cinita Takacs	
Name	
4155 Malden u	lay
Florida street address (P.O. Box <u>NOT</u> acceptable))
Scrasota FL 3	<u>1424</u>
City Zip	,
Having been named as registered agent and to accept service of process for the place designated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all statutes relating of my duties, and I am familiar with and accept the obligations of my positions of my positions. Chapter 605, E.S Registered Agent's Signature (REQUIRED)	registered agent and agree to act in this og to the proper and complete performance

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Anta Takacs
	Source Fl 3424
	304 aso (2)
	
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EV: Effective date, if other than the date of	of filing: (OPTIONAL)
(Use attachment if necessary) E V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) E VI: Other provisions, if any.	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or
E V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)	of filing: (OPTIONAL)
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CV: Effective date, if other than the date of etive date is listed, the date must be specifiling.) CVI: Other provisions, if any. Signature of a mem (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	of filing: