## L15000068399

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Southern Perfection Cleaning Ser Name of Lin	rvices, LLC mited Liability Company	
The enclosed Articles of Organization and fee(s) at	-	
Please return all correspondence concerning this m	natter to the following:	
Samantha Mullins	Name of Person	
	Firm/Company	
2815 Howard Road	Address	
Middleburg, Florida 32068	27. 40.	
scmullins220@gmail.com	City/State and Zip Code  d for future annual report notifications	ation)
For further information concerning this matter, plea	ase call:	
Samantha Mullins at ( § Name of Person	904 ) <u>570-0386</u> Area Code Daytime Te	lephone Number
Enclosed is a check for the following amount:		
\$125.00 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	Street/Courier Add Registration Section Division of Corporat	

P.O. Box 6327 Tallahassee, FL 32314

V

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:	
Southern Perfection Cleaning Services, LLC	ice of the Limited Liability Company is:
	.iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	Mag II -
The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2815 Howard Road	2815 Howard Road
Middleburg, FL 32068	Middleburg, FL 32068
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a	tegistered Agent. You must designate an individual or
Samantha Mullins	
Name	
2815 Howard Road	
Florida street address (P.O. Box 1	NOT acceptable)

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Fitle:</u> AMBR" = Authorized Member MGR" = Manager	Name and Address:
MGR	Samantha Mullins
	2815 Howard Road
	Middleburg, FL 32068
<del></del>	
V: Effective date, if other than the da	te of filing: (OPTIONAL)
Use attachment if necessary)  EV: Effective date, if other than the date it is listed, the date must be stilling.)  EVI: Other provisions, if any.	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date it is listed, the date must be so filling.) EVI: Other provisions, if any.	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date tive date is listed, the date must be stilling.)  VI: Other provisions, if any.	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or s
EV: Effective date, if other than the date its listed, the date must be stifiling.)  EVI: Other provisions, if any.  Signature of a man (In accordance with section of constitutes an affirmation und I am aware that any false inforconstitutes a third degree felo	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 605.0203 (1) (a) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
EV: Effective date, if other than the date its listed, the date must be stifiling.)  EVI: Other provisions, if any.  Signature of a man (In accordance with section of constitutes an affirmation und I am aware that any false inforconstitutes a third degree felo	nember or an authorized representative of a member.  305.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.  305.0203 through the comment of State or an authorized representative of a member.

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