L15000671618

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
ζ	-,	,
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Na	me)
(Do	cument Number	<u> </u>
\-		,
Cartified Canina	Cartificata	a of Status
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	•	
!		
		1
		}

Office Use Only



500271439375

04/13/15--01047--022 **130.00

SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: LILIAN'S CLEANING SERVICES LLC. Name of Limited Liability Company
. value of British Businey Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
LILIAN MULBER
Name of Person
LILIAN'S CLEANING SERVICES LLC.
Firm/Company
1489 BENTLEY CIRCLE
Address
FORT WALTON BEACH, FL 32547
FORT WALTON BEACH, FL 32547 City/State and Zip Code Lilian CS. L. D. Gmail: com E-mail address: (6 be used for tugure annual report notification)
For further information concerning this matter, please call:
LILIAN MULDER at (850) 240-7531 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 Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	l - Name:
---------	-----------

The name of the Limited Liability Company is:

LILIAN'S CLEANING SERVICES LLC.

(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 Of	fice Address:
--------------	---------------

1489	BENTLEY	CIRCLE
FORT	WAITON	BEACH

Mailing Address:

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:

1489 BENTLEY CIRCLE
Florida street address (P.O. Box NOT acceptable)

FORT WALTON BEACH FL 32547

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

149	AN MULDER 39 DENTLEY CIRCLE T WALTON DEACH, FL 3:2547
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: Iffective date is listed, the date must be specific and cannot be speci	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be specif	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot	(OPTIONAL)
LE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot	(OPTIONAL)
LE V: Effective date, if other than the date of filing:	(OPTIONAL)
LE V: Effective date, if other than the date of filing:	(OPTIONAL)
LE V: Effective date, if other than the date of filing:	(OPTIONAL)
LE V: Effective date, if other than the date of filing:	(OPTIONAL)
LE V: Effective date, if other than the date of filing:	(OPTIONAL)
CLE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot	(OPTIONAL)
LE V: Effective date, if other than the date of filing:	(OPTIONAL)
LE V: Effective date, if other than the date of filing:	(OPTIONAL)
LE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot	(OPTIONAL)
LE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot	(OPTIONAL)
LE V: Effective date, if other than the date of filing:	(OPTIONAL)
LE VI: Other provisions, if any.	
REQUIRED SIGNATURE: Lilien L	luldes
	horized representative of a member.
(In accordance with section 605.0203 (1) (b), Florid	
istitutes an attirmation under the negalties of periury that th	
	te facts stated herein are true.
n aware that any false information submitted in a documen	to the Department of State
n aware that any false information submitted in a documen stitutes a third degree felony as provided for in s.817.155,	to the Department of State F.S.)
n aware that any false information submitted in a document stitutes a third degree felony as provided for in s.817.155, LILIAN MULDER	t to the Department of State F.S.)
n aware that any false information submitted in a document stitutes a third degree felony as provided for in s.817.155, LILIAN MULDER	t to the Department of State F.S.)
n aware that any false information submitted in a document stitutes a third degree felony as provided for in s.817.155, LILIAN MULDER Typed or prin	to the Department of State F.S.) Red name of signee
n aware that any false information submitted in a document stitutes a third degree felony as provided for in s.817.155, LILIAN MULDER Typed or printees:	to the Department of State F.S.) Red name of signee
n aware that any false information submitted in a document stitutes a third degree felony as provided for in s.817.155, LILIAN MULDER Typed or printes:	to the Department of State F.S.) A A A A A A A A A A A A A A A A A A A
m aware that any false information submitted in a documen stitutes a third degree felony as provided for in s.817.155, LILIAN MULDER Typed or prin Fees: Fees: O Filing Fee for Articles of Organization and Designation	to the Department of State F.S.) Red name of signee

Page 2 of 2