## 15000090065

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
Rejec	+	
Rejecticu articu	S	
S WI	2-33	665

Office Use Only

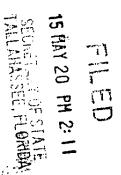
Over paid \$30,00



900272343699

04/29/15--01029--011 \*\*155.00

L15-90065



MAY 22 2015 N. CAUSSEAUX

## **COVER LETTER**

	legistration division of C	Section Corporations			RECI	EIVED
	Commar	ndTech Janitorial, LLC.	•		15 MAY 21	AM 6: 50
SUBJECT	·	Name of L	imited Liabil	îty Company	SECRETARY TALLAHASSE	OF STATE
The enclos	sed Articles	of Organization and fcc(s)	are submitted	for filing.		
Please retu	ırn all corres	spondence concerning this r	natter to the 1	following:		
			Ninoska P.	Sanford		
			Name of	Person		
		Co	ommand <b>Tec</b> h	Janitorial, LLC.		
			Firm/Co	mpany		
			896 S. No	va Road		
			Addr	C\$5		•
		Г	Оауtопа Всас	h, Florida 32114		
			City/State an	•		
-				730@gmail.com		
		E-mail address: (to be use		nnual report notificati	ion)	
For further i	nformation (	concerning this matter, plea	se call:			
	Nino	ska P. Sanford	386	500-1976		
	Na	me of Person	Area Code	Daytime Telephon	e Number	
Enclosed is	a check for	the following amount:				
\$125.00 Fi	iling Fcc	\$130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Certificate of Certified Cop (additional copy	Status & y
	Regis Divis P.O.	ing Address stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	r Circle	

WHY-21-2015 08:45 From:



May 12, 2015

NINOSKA SANYARD 896 S. NOVA RD DAYTONA, FL 32114

SUBJECT: COMMAND TECH, INC Ref. Number: W15000033665

We have received your document for COMMAND TECH, INC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit Articles of Organization for the resulting Florida limited liability company along with the Articles of Conversion. The Articles of Organization must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 115A00009951

WESTLEE A PAINTER Regulatory Specialist II

www.sunbiz.org

## AHN: Danette Causseaux

New Articles Organization Command tech Sanitorial, LLC. Ninoska P. Sangord 384 500-1974

15 MAY 20 AM 6: 40
SECRETARY OF STATE

Ü

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:			五部	15	
, , , , , , , , , , , , , , , , , , ,			5-8	<b>MAY 21</b>	
CommandTe	ch Janitorial, LL	C.	717 - '	72	
(Must end with the words "Limited L				O PM	
ARTICLE II - Address:			ورا لتت		
The mailing address and street address of the principal offic	ce of the Limited	Liability Company is:	97	2: 1	
Principal Office Address:		Mailing Address:			
896 S. Nova Road		896 S. Nova Road			
Daytona Beach, Florida 32114		Daytona Beach, Florida 32114			
(The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)		t on must designate an morvious	UI		
The name and the Florida street address of the registered ag	gent are:				
Ninos	ska P. Sapford				
7	lame				
896.5	S. Nova Road				
Florida street address (I	P.O. Box <u><b>NOT</b></u> a	cceptable)			
Daytona Beach	Florida	32114			
City	State	Zip			

Having heen 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 vapacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am fumiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page I of 2

<u>Title:</u> "AMBR" = Authorized Membe	Name and Address:
"MGR" = Manager	:I
AMBR	Ninoska P. Sauford
	896 S. Nova Road Daylona Beach, Florida 32114
	Daytona Deadi, 1 tolkin 3211 t
(Use attachment if necessary)	
of filing.) the date inserted in this block of ment's effective date on the De	ust be specific and cannot be more than five business days prior to or 90 diaes not meet the applicable statutory filing requirements, this date will not be partment of State's records.
of filing.) the date inserted in this block of ment's effective date on the De	loes not meet the applicable statutory filing requirements, this date will not b
of filing.) the date inserted in this block of ment's effective date on the Department's effective date of the Department	cos not meet the applicable statutory filing requirements, this date will not be cartment of State's records.
of filing.) The date inserted in this block of ment's effective date on the Dept.  E VI: Other provisions, if any.  REOURED SIGNATURE:  Signatur  (In accordance constitutes an a I am aware that	loes not meet the applicable statutory filing requirements, this date will not be partment of State's records.
of filing.) the date inserted in this block of ment's effective date on the Dept.  E VI: Other provisions, if any.  REOURED SIGNATURE:  Signatur  (In accordance constitutes an a I am aware that	e of a member or an authorized representative of a member, with section 605.0203 (1) (b), Florida Statutes, the execution of this document firmation under the penalties of perjury that the facts stated herein are true, any false information submitted in a document to the Department of State red degree felony as provided for in s.817.155, F.S.)  Ninoska P. Sanford
of filing.) The date inserted in this block of ment's effective date on the Dept.  E VI: Other provisions, if any.  REOURED SIGNATURE:  Signatur  (In accordance constitutes an a I am aware that	e of a member or an authorized representative of a member, with section 605.0203 (1) (b), Florida Statutes, the execution of this document firmation under the penalties of perjury that the facts stated herein are true, any false information submitted in a document to the Department of State red degree felony as provided for in s.817.155, F.S.)
of filing.) the date inserted in this block of ment's effective date on the Dept.  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature (In accordance constitutes an all am aware that constitutes a thing.)	cos not meet the applicable statutory filing requirements, this date will not be partment of State's records.  The cof a member or an authorized representative of a member, with section 605.0203 (I) (b), Florida Statutes, the execution of this document ffirmation under the penalties of perjury that the facts stated herein are true, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.)  Ninoska P. Sanford Typed or printed name of signce  Filing Fees:
of filing.) the date inserted in this block of ment's effective date on the Depter VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature (In accordance constitutes an all am aware that constitutes a things.)	cos not meet the applicable statutory filing requirements, this date will not be cartment of State's records.  The cof a member or an authorized representative of a member, with section 605.0203 (1) (b), Florida Statutes, the execution of this document filination under the penalties of perjury that the facts stated herein are true, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.)  Ninoska P. Sanford Typed or printed name of signee  Filing Fees:  cs of Organization and Designation of Registered Agent
of filing.) the date inserted in this block of ment's effective date on the Dept.  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature (In accordance constitutes an all am aware that constitutes a thing.)	cos not meet the applicable statutory filing requirements, this date will not be cartment of State's records.  The cof a member or an authorized representative of a member, with section 605.0203 (1) (b), Florida Statutes, the execution of this document filination under the penalties of perjury that the facts stated herein are true, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.)  Ninoska P. Sanford Typed or printed name of signee  Filing Fees:  cs of Organization and Designation of Registered Agent
the date inserted in this block of ment's effective date on the Dept.  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature (In accordance constitutes an all am aware that constitutes a thing of the second of the se	cos not meet the applicable statutory filing requirements, this date will not be continent of State's records.  The cof a member or an authorized representative of a member, with section 605.0203 (1) (b), Florida Statutes, the execution of this document filtrination under the penalties of perjury that the facts stated herein are true, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.)  Ninoska P. Sanford Typed or printed name of signee  Filing Fees; cs of Organization and Designation of Registered Agent fional)  (Optional)
the date inserted in this block of ment's effective date on the Dept.  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature (In accordance constitutes an all am aware that constitutes a thing of the second of the se	cos not meet the applicable statutory filing requirements, this date will not be partment of State's records.  e of a member or an authorized representative of a member, with section 605.0203 (1) (b), Florida Statutes, the execution of this document filing in a document to the Department of State any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.)  Ninoska P. Sanford Typed or printed name of signce  Filing Fees; cs of Organization and Designation of Registered Agent ional) (Optional)
of filing.) The date inserted in this block of ment's effective date on the Depter VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature (In accordance constitutes an all am aware that constitutes a thing signature) \$ 30.00 Filing Fee for Articles \$ 30.00 Certified Copy (Option of the Depter Signature)	cos not meet the applicable statutory filing requirements, this date will not be continent of State's records.  The cof a member or an authorized representative of a member, with section 605.0203 (1) (b), Florida Statutes, the execution of this document filtrination under the penalties of perjury that the facts stated herein are true, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.)  Ninoska P. Sanford Typed or printed name of signee  Filing Fees; cs of Organization and Designation of Registered Agent fional)  (Optional)

WWX-51-5012 08:42 Evow: