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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Document Number)		
Certified Copies	Certificates	of Status
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COVERSETTER

TO: Registration Section
Division of Corporations

SUBJECT: Polished 2 Perfection 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:

Sara E. Patterson

Name of Person

Firm/Company

2570 18th Ave NE

Address

Naples FL 34120

City/State and Zip Code

Sarae patterson 11 (2) 9 mail. Com

For further information concerning this matter, please call:

Sara Patterson at (239) 919-9515

Name of Person Area Code Daytime Telephone Number

E-mail address: (to be used for future annual report notification)

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$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)

MA

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address**

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compar	1y is:			
Polished	\mathcal{A}	Pefection	Cleaning	LLC
		nited Liability Company, "L.		
ARTICLE II - Address:				

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
2570 18th AUR NE	2570 18th AVR NE
Naples, Fl 34120	Naoles, F1 34120

ARTICLE 111 - 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 Florida street address (P.O. Box 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

	Name and Address:
AMBR	Sava E. Patterson 3570 10+11 AVE NE Naples, FL 34120
(Use attachment if necessary) TICLE V: Effective date, if other than the date an effective date is listed, the date must be spe	of filing: $6-1-15$. (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days afte
date of filing.)	nect the applicable statutory filing requirements, this date will not be listed
TICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	16, P
N.	ember or an authorized representative of a member.
(In accordance with sect constitutes an affirmatio I am aware that any false	nion 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true, is information submitted in a document to the Department of State is felony as provided for in s.817.155, F.S.)

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